

Regional Toxicology Services LLC

Application for Employment (revised 10/05)

NOTICE: *Regional Toxicology Services LLC is an equal opportunity employer. We do not discriminate with respect to race, color, religion, sex, sexual orientation, national origin, age, mental or physical disability, marital or veteran's status, or any other basis prohibited by law.*

PERSONAL INFORMATION

Name: _____ SSN: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP

Home Phone: () _____ Work/Message Phone: () _____

Are you over 18 years of age? ____ YES ____ NO

If hired, can you provide proof of eligibility to work in the United States? ____ YES ____ NO

Have you ever been convicted of a felony? ____ YES ____ NO
If YES, Date _____ Location _____ Conviction _____

(NOTE: A conviction does not necessarily bar an applicant from employment.)

Have you worked for this lab before? ____ YES ____ NO If YES From _____ To _____

Have you ever been discharged or forced to resign from any employment? ____ YES ____ NO
If YES, please explain:

JOB INFORMATION

Position applied for: _____

Date available to start work: _____ Salary/Wage desired: _____

Schedule desired: ____ Full Time ____ Part Time ____ Temporary ____ On Call

Shifts you are available to work: ____ Days ____ Evenings ____ Nights

Days you are available to work: ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun

How did you hear about this position? _____

EMPLOYMENT HISTORY

Please give complete information for each position held for the last seven years, including military service and volunteer experience. Show your present or most recent job first and go backward chronologically. List each job title separately (even those with the same employer). Attach additional sheets if necessary.

From Month/Year ____/____ To Month/Year ____/____	Job Title: _____ Company: _____ Address: _____ City/State/Zip: _____ Phone: () _____ Salary/Wage _____	Specific Duties: _____ _____ _____ _____ Supervisor's Name & Title: _____
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From Month/Year ____/____ To Month/Year ____/____	Job Title: _____ Company: _____ Address: _____ City/State/Zip: _____ Phone: () _____ Salary/Wage _____	Specific Duties: _____ _____ _____ _____ Supervisor's Name & Title: _____
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From Month/Year ____/____ To Month/Year ____/____	Job Title: _____ Company: _____ Address: _____ City/State/Zip: _____ Phone: () _____ Salary/Wage _____	Specific Duties: _____ _____ _____ _____ Supervisor's Name & Title: _____
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From Month/Year ____/____ To Month/Year ____/____	Job Title: _____ Company: _____ Address: _____ City/State/Zip: _____ Phone: () _____ Salary/Wage _____	Specific Duties: _____ _____ _____ _____ Supervisor's Name & Title: _____
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EDUCATION INFORMATION

School	Name and Location	# of Years Completed	Graduated YES/NO	Degree/Certificate	Date of Graduation
High School		1 2 3 4			
College		1 2 3 4			
College		1 2 3 4			
College		1 2 3 4			

PROFESSIONAL LICENSES, REGISTRATIONS AND CERTIFICATIONS

Type of License, Registration or Certification	State	Number	Expiration Date

AT-WILL EMPLOYMENT POLICY

Regional Toxicology Services LLC (RTS) is an “at-will” employer. This means that employees are free to leave RTS’ employ at any time they wish, with or without notice, for any reason they deem appropriate. RTS may also terminate employment, with or without cause, for any reason at any time, with or without notice. No other agreements, policies, procedures or practices of RTS or its management shall vary the basic “at-will” status of employment.

ACKNOWLEDGEMENT/CERTIFICATION

I HAVE READ AND UNDERSTAND THE RTS AT-WILL EMPLOYMENT POLICY. IN SIGNING BELOW, I HEREBY ACKNOWLEDGE AND/OR AGREE TO ALL CONDITIONS SET FORTH IN THE AT-WILL EMPLOYMENT POLICY. I RECOGNIZE THAT MY FAILURE TO SIGN BELOW MAY RESULT IN MY DISQUALIFICATION FOR EMPLOYMENT. I FURTHER CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE OR INCOMPLETE INFORMATION SHALL BE SUFFICIENT GROUNDS FOR DISQUALIFICATION OR DISMISSAL.

Signature: _____

Date: _____

COMPANY USE ONLY

Date Received : _____

APPLICANT EEO or AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, sexual orientation, national origin, sex, age, marital or veteran status, mental or physical disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

PLEASE PRINT

Name: _____ Date: _____
 LAST FIRST MIDDLE

Position Applied for: (List *only one*) _____

What is your race/ethnic origin?

- White
- Hispanic
- American Indian/Alaskan Native
- Black/African American
- Asian/Pacific Islander

What is your sex?

- Male
- Female

If you do not want to complete the above information, please check the box below.

- I do not want to complete this form.