

BC Laboratories, Inc.

Application for Employment

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will help us potentially place you in a position that meets your objectives and those of the organization. Qualified applicants are considered for all positions without regard to race, color, religion, sex, pregnancy, national origin, ancestry, age, marital status, physical or mental disability, gender identity, sexual orientation, or medical condition.

Personal Information		Social Security Number	Application Date	
Last Name	First Name	Middle Initial	Telephone Number	
Present Address	City	State	Zip	Referred By
Are you less than 18 years of age ___yes ___no	Upon offer of employment, verification of your legal right to work in the United States will be required.		Have you ever used another name? ___yes ___no	
Drivers License Number	State	Expiration Date	Driving Record	
Employment Desired		Date Available	Salary Desired	
Position desired or area of interest		Have you ever applied to this organization before? ___yes ___no	If yes, give date/position applied for	
Have you ever been employed by our organization before? ___yes ___no	If yes, give dates of employment:		Names of friends or relatives employed by this organization	
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation?				
Can you work overtime? ___yes ___no	Are you currently employed? ___yes ___no		If so, may we contact your present employer? ___yes ___no	
Comments:				
Education/U.S. Military Service		Please indicate any languages, other than English, that you speak _____ read _____ write _____		
School Level	Name and location of school	Major	Units completed and grade average	Degrees and/or diplomas
High school				
College				
College				
Other				
Professional certificates or licenses held		Are you presently taking any educational course? ___yes ___no If yes, what and where?		
Have you ever served in the U.S. Armed Services? ___yes ___no		If yes, U.S. Military duties and training		
Please list job related organizations, clubs, professional societies, or other associations to which you belong - you may omit those which indicate your race, religious creed, color, national origin, ancestry, sex or age.				
References		Please list three non-relatives whom are qualified to evaluate your capabilities.		
	Name and address	Telephone	Occupation	Years known
1				
2				
3				

Employment History				Please list all employment for the past five years, including unemployed/self-employed periods and part-time or summer work.		
Company Name and Location	Telephone	Position(s) held	Rate of pay (hr/wk/mo)	Dates employed	Reason for leaving	Description of duties
Type of business:			Start: End:	From: To:		
Type of business:			Start: End:	From: To:		
Type of business:			Start: End:	From: To:		
Type of business:			Start: End:	From: To:		
May we contact these employers? ___yes ___no		Comments:				

Acknowledgment	
1.	I understand that if I am being considered for employment by BC Laboratories, Inc. I may be required to submit to a post-offer physical and drug/alcohol testing (all of which will be paid for by BC Laboratories, Inc.) and to authorize the release of the physical examination and test results to BC Laboratories, Inc. Applicants whose test results are positive (prohibited substances present) will not be eligible for further employment consideration.
2.	I also understand that as part of my Application for Employment that at any time during the course of such employment, I may also be required to be examined concerning my ability to perform any job in a manner that does not endanger my own health or safety or the health or safety of others. I hereby authorize all providers of health care who examine me to disclose to my employer or any of its agents, representatives and employees, including attorneys, all medical information revealed during such examinations. I further authorize my employer to disclose such information to any other persons if at any time my medical condition is put at issue in any proceeding by myself or others. I understand this authorization will remain valid for five years from the date of this Application, and that if I become employed, this authorization will remain in effect for five years after my employment terminates. I understand that I have the right to receive a copy of this authorization.
3.	Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this Application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any job extended to me will be withdrawn and, if employed, I may be subject for dismissal.
4.	I authorize my employer to make any investigation deemed necessary for employment consideration and promotion within the organization.
5.	I understand that this Application for Employment is not to be confused as a guarantee of employment for a specific time. I further understand that my employment with BC Laboratories, Inc. does not constitute any form of contract, implied or expressed, and such employment will be terminable at will, either by myself or my employer, upon notice of one party to the other. My continued employment is dependent on satisfactory performance and the continued need for my services as determined by this organization.
6.	I grant my employer approval, after my termination of employment to release information which it may deem appropriate regarding my employment with or termination from the organization, to anyone who has a reasonable basis for making such inquiry. So long as the information disclosed is not known by this organization to be inaccurate, this organization shall not incur legal liability of any nature in connection with the furnishing of such information.
7.	I understand that my Application for Employment will be placed in an active status for a period of six months during which time it will be reviewed as job openings occur in my area(s) of job interest. I also understand that should I wish to continue being considered for job openings beyond the six month period, I must reapply by: (a) submitting a new Application for Employment or by (b) submitting a letter requesting renewal of my Application and including an update of my qualifications (recent work history, educational achievements, etc.).
8.	I acknowledge that I have read all of the above statements and that I understand them.
	<p>_____</p> <p>Applicant Signature</p>
	<p>_____</p> <p>Date</p>

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, pregnancy, national origin, ancestry, age, marital status, physical or mental disability, gender identity, sexual orientation, or medical condition.

As an equal opportunity employer, we comply with government regulations pertaining to the above.

The purpose for this Data Record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Please identify where you learned about an employment opportunity with this organization.

<input type="checkbox"/> Newspaper ad	<input type="checkbox"/> Tech School/Organization Placement
<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Temporary Service
<input type="checkbox"/> State Employment Service	<input type="checkbox"/> Other _____

Voluntary Survey

(Please Print)

Date: _____

Government agencies at times require periodic reports of the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name
Address
City State Zip
Social Security Number

Complete only the sections below that have been checked

	Current Job
	Check one: <input type="checkbox"/> male <input type="checkbox"/> female
	Check one of the following (ethnic origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
	Check if any of the following are applicable <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual
	Birthdate