Doctor's Pathology Services, PA

EMPLOYMENT APPLICATION

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Date			
Name: Last	First		Middle
Street Address			
City		State	Zip
Telephone ()	:	Social Securit	ry #
Position applied for			
How did you hear of this	opening		
When can you start		D	Desired Wage \$
Are you a U.S. citizen or	otherwise authorize	ed to work in	the U.S. on an unrestricted basis?
[] Yes [] No			
Are you looking for full t	ime employment? [] Yes [] No	
If no, what hours are yo	u available?		
Are you willing to work s	swing shift? [] Yes	[] No	
Are you willing to work o	graveyard? [] Yes [] No	
Have you ever been con	victed of a felony? [] Yes [] No	
If yes, please fully descr	ibe the circumstanc	es:	
Do you have a valid drive	er's license? [] Yes	[] No	

Educational History: School Name and Location Year Major Degree

High School		-
College		_
College		_
Other		-
In addition to your work history, are ther consider:	re are other skills, qualifications, or ex	xperience we should
Employment History: (Start with mo	· · ·	
Company name		
Address	Telephone	
Date Started Starting Wage	Starting Position	
Date Ended Ending Wage	Ending Position	
Name of Supervisor	May we contact? [] Yes [] No	
Responsibilities		
Reason for leaving		
Company name		
Address	Telephone	
Date Started Starting Wage	Starting Position	
Date Ended Ending Wage	Ending Position	
Name of Supervisor	May we contact? [] Yes [] No	
Responsibilities		
Reason for leaving		

Employment History: (Continued)

Company name			
Address		Telephone	
Date Started	_ Starting Wage _	Starting Position	
Date Ended	_ Ending Wage _	Ending Position	_
Name of Supervisor		_ May we contact? [] Yes [] No	
Responsibilities			
Reason for leaving _			
Professional Refer	ences:		
Name		Relationship	
Contact Phone Numb	oer		
Contact Address			
Name		Relationship	
Contact Phone Numb	oer		
Contact Address			
Name		Relationship	
Contact Phone Numb			
Contact Address			

Professional R	eferences: (Continued)	
Name	Relationship	
Contact Phone N	umber	
Contact Address		
I certify that the my knowledge. considered suffic of my prior educ will," which mea time, with or wit	y relevant additional information. facts set forth in this application for employ understand that if I am employed, false stated ient cause for dismissal. This company is heational and employment history. I understand that either I or this company can terminal hout prior notice, and for any reason not pro-	atements on this application shall be ereby authorized to make any investigat nd that employment at this company is ate the employment relationship at any

Signature _____ Date ____

Doctor's Pathology Services, PA

Background Check Authorization Form

Authorization and Release for the Procurement of a Consumer and/or Investigative Consumer Report

I, undersigned, do hereby authorize DOCTORS PATHOLOGY SERVICES to produce a consumer report and/or investigative consumer report on me. These above mention reports may include, but are not limited to, employment & education verifications, personal references, personal interviews, personal credit history based on reports from any credit bureau; driving history, social security verification; present & former addresses; criminal and civil history/records; and any other public record.

Signature	Date				
Print Full Name (First, Middle, La	st)				
Other Names Used/Dates Used					
Current AddressStreet/PO Box	(City	State	Zip Code	County
All	l Addresses	for the	e past sever	ı years	
Current AddressStreet/PO Box		City	State	Zip Code	County
Current AddressStreet/PO Box	(City	State	Zip Code	County
Current AddressStreet/PO Box	(City	State	Zip Code	County
Current AddressStreet/PO Box	(City	State	Zip Code	County
Social Security Number	Date of	Birth		1	Gender
Driver's License Number	State of Is	suance	<u>;</u>		
Professional License Number	Туре	S	State	Expiration	