



**DOCTORS
LABORATORY, INC.**
2906 JULIA DR.
VALDOSTA, GEORGIA 31602
An Equal Opportunity Employer

IN CASE OF EMERGENCY NOTIFY:

NAME _____ RELATIONSHIP _____
COMPLETE ADDRESS _____
PHONE NO. _____ PHONE NO. _____
AT HOME _____ AT WORK _____

APPLICATION FOR EMPLOYMENT

NOTE: Please answer all questions. Be sure to date and sign the application.
Applicants may request assistance, if needed, to complete the application.

P E R S O N A L	Last Name			First	Middle	Maiden Name	Date	
	Street Address						Home Telephone ()	
	City, State, Zip						Business or Cell Telephone ()	
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____						Social Security#	
	Position Desired						Pay Expected	
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____						Will you work any work schedule and overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you legally eligible for employment in the United States?						Date available for work? _____	
	Have you worked for Doctors Laboratory before? _____ If yes, where and when? Job Title and Department							
	List Names of Relatives/Friends Employed by Us.		Name & Work Location			Relationship		
			Name & Work Location			Relationship		
Name & Work Location			Relationship					
Name & Work Location			Relationship					

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently enrolled in school? _____ Yes _____ No						
If so, what is your course of study? _____						
List scholastic honors attained _____						

Membership in Professional or Civic Organizations
(Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company	Telephone ()
	Address	Employed- (State month and year) From To
	Name of Supervisor	Hourly pay
	State Job Title and Describe Your Work _____	Reason for leaving

2	Company	Telephone ()
	Address	Employed- (State month and year) From To
	Name of Supervisor	Hourly pay
	State Job Title and Describe Your Work _____	Reason for leaving

3	Company	Telephone ()
	Address	Employed- (State month and year) From To
	Name of Supervisor	Hourly pay
	State Job Title and Describe Your Work _____	Reason for leaving

4	Company	Telephone ()
	Address	Employed- (State month and year) From To
	Name of Supervisor	Hourly pay
	State Job Title and Describe Your Work _____	Reason for leaving

May we contact the above listed employers regarding your employment record? Yes No

Have you ever been dismissed or forced to resign from any job? Yes No

If yes, please explain _____

MILITARY

Did you serve in the U.S. Armed Forces? Yes No

If "Yes," in what Branch?

Describe any training received relevant to the position for which you are applying.

ADDITIONAL INFORMATION

Please answer all questions applicable to you and the position for which you are applying.

SECRETARIAL / CLERICAL

What is your profession? _____

List all office equipment on which you have skills and indicate extent of experience:

Typing Speed _____ WPM

SKILLED TRADES

What is your profession? _____

List tools on which you have skills and indicate extent of experience, certifications, etc.:

GENERAL

Please describe your personal qualifications relative to the position for which you have applied.
Please indicate wage expected.

REFERENCES

List three persons you authorize this Company to contact, who are not related to you, and have knowledge of your qualifications for the position for which you are applying.

1. _____
Address _____ Telephone _____
2. _____
Address _____ Telephone _____
3. _____
Address _____ Telephone _____

GENERAL

Have you been ever been convicted of a violation of any federal, state, county or municipal law, other than minor traffic violations?
_____ Yes _____ No

Have you ever been listed by a federal agency as debarred, excluded or otherwise ineligible for participation in federal funded healthcare proposal? If yes, please explain: _____

NOTE: A "yes" answer to this question will not automatically disqualify you from employment with the Company. Any conviction will be evaluated by the Company in light of the position that you are seeking.

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I certify that I have never been convicted of a criminal offense related to health care or been listed by a federal agency as debarred, excluded, or otherwise ineligible for participation in federally funded health care programs. I also clearly understand that it is the policy of this laboratory not to hire such individuals, and that Federal Government's sources that maintain such lists will be checked to confirm my response.

If employed, I understand and agree that my employment can be terminated-at-will with or without cause at any time by Doctor's Laboratory, Inc. I understand that no one has authority to enter into any contractual agreements concerning my employment unless such agreement is in writing and signed by the Director of Human Resources or CEO.

I agree that the entire contents of this application form, as well as the report of any such examination, may be used by the Company in whatever manner it may wish. Applications will be kept active for 60 days and on file for 1 year.

I further understand that any false answers or statements made by me on this application or any supplement thereto, or in connection with such above mentioned investigation, will be sufficient grounds for immediate discharge.

Health Statement: I understand that I may be required to complete a health statement after an offer of employment has been made. I release the Company from any and all liability incidents to the testing.

Verification: I hereby certify that all answers given on this application (including supplements) are true and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts given in my application and/or interviews may be sufficient cause for dismissal if and when discovered.

Application: I understand that completion of this application by me does not indicate there are any positions available and does not in any way obligate this Company.

Authorization and Release: I authorize this Company to make inquiries into all statements made by me and to obtain any information, transcripts, records, or documents pertaining to my background including but not limited to my personal, employment and financial history and other related matters. I authorize all schools, individuals, and employers to respond to inquiries in connection with my application. I hereby release all parties, including this Company, from any and all liability or damages arising therefrom.

Alcohol and Drug Testing: I agree to submit to a urinalysis and/or blood test for the presence of drugs or alcohol and understand that my offer of employment will be contingent upon the results of these tests. I agree to such an examination and/or testing at the Company's expense. I authorize release of the results to the Company and release the Company from any and all liability incidents to the testing.

Company Policies: If this application is considered favorably, I agree to abide and comply with all rules and policies of this Company. I understand that if I do so, I may be subject to disciplinary action, up to and including discharge.

_____ Yes _____ No

Signature

Date

This application for employment shall be considered active for 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _____ Yes _____ No

Remarks: _____

Employed _____ Yes _____ No

Job Title _____

By _____

NAME AND TITLE

INTERVIEWER

DATE

Date of Employment _____

Hourly/Salary Rate _____

DATE

Doctors Laboratory, Inc. believes that the information solicited from the applicant is in full compliance with all Federal and State equal employment laws and with the Fair Credit Reporting Act. We do not assume responsibility for the user's inclusion in this "Application for Employment" of any question which may violate Federal, State or local laws and users should consult their own counsel with respect to any legal questions concerning the use of this form.