

It is the policy of AGVISE Laboratories, Inc. to provide employment considerations based solely on an applicant's employment qualifications without regard to race, color, religion, sex, age, disability, marital status, political affiliation, national origin, or status with regard to public assistance.

AGVISE Laboratories, Inc.

Employment Application

Name: (Last/First/Middle)

Date:

Physical Address (**PO Box**, Street, City, State, Zip)

Permanent phone number:

Mailing Address (**PO Box**, Street, City, State, Zip)

Temporary Address (if different than above)

Temporary phone number:

Social Security Number

Have you ever previously applied for employment with us? Yes: No: If yes, date:

Are you legally eligible for employment in the U.S.? Yes: No: (If hired, verification will be required)

Are you 16 years of age or older? Yes: No: (If no, a work permit may be required)

Do you have a valid driver's license? Yes: No:

Have you ever been convicted of a DUI? Yes: No:

Desired Position: Would you work overtime if asked? Yes: No:

Desired Wage: Would you work weekends? Yes: No:

Date available:

Education:

School	Name and address of school:	Dates attended:	Did you Graduate?	Degree/ Diploma
Graduate			Yes: No:	
College			Yes: No:	
Technical College			Yes: No:	
High School			Yes: No:	
Other Education			Yes: No:	

Please list any applicable education, training, computer skills, or other job related skills and qualifications. (Include any applicable military training)

Employment History:

Name of Employer:	Supervisor:
Mailing Address:	Telephone Number: ()
Job Title:	Dates Worked:
Reason for Leaving:	From: To: Hourly Salary:
May we contact this employer: Yes: No:	
Describe major responsibilities:	

References other than relatives or previous employers:

Providing this information means that you give AGVISE Laboratories, Inc. permission to contact the references listed

Name:	Mailing address:
Phone number:	Relationship:
Years of association:	Occupation:
Name:	Mailing address:
Phone number:	Relationship:
Years of association:	Occupation:

In case of an emergency, notify: Name: _____ Relationship: _____

Address: _____ Phone: _____

Your signature:

Date: