

AGVISE Laboratories, Inc.

Employment Application

Applicant Information									
Full Name:					Date:				
	Last	st First				M.I.			
Address:	Chroat Address						A a tura a t. l i. t. t.		
	Street Address						Apartment/Unit #	:	
	City					State	ZIP Code		
Phone:				Email					
Date Available: Social Security No.:									
Desired Pos	sition:								
Are you a ci	YES	NO	YES NO If no, are you authorized to work in the U.S.?						
Have you ev AGVISE Lab	YES	NO	If yes, when?						
Are you at least 16 years old?				(if no a work permit may be required?)					
Have you ev	ver been convicted of a felon	YES ny? □	NO						
If yes, expla	in:								
			Educ	cation					
High School: Addres			ddress	:					
From:	To:	Did you gra	aduate′	YES	NO	Diploma:			
College:		A	ddress	:					
From:	To:	Did you gra	aduate′	YES	NO	Degree:			
College:		A	ddress	:					
From:	To:	Did you gra	aduate′	YES	NO	Degree:			
Other:		A	ddress	:					
From:	To:	Did you gra	aduate?	YES	NO	Degree:			

References Please list three professional references other than relatives or previous employers. Full Name: Relationship: Phone: _____ Company: Address: Full Name: Relationship: Phone: ____ Company: Address: Full Name: Relationship: Phone: _____ Company: Address: Previous Employment Phone: ____ Company: Address: Supervisor: Job Title: Salary: \$ Responsibilities: _____ To:____ Reason for Leaving: YES NO May we contact your previous supervisor for a reference? \Box Company: Phone: Address: Supervisor: \$____ Job Title: Salary: Responsibilities: ____ _____ To:_____ Reason for Leaving: From: YES NO May we contact your previous supervisor for a reference? Company: Phone:____ Address: Supervisor:____ Job Title: Salary: \$ Responsibilities: _____ To:_____ Reason for Leaving: From: YES NO May we contact your previous supervisor for a reference?

Military Service								
Branch:		From:	To:					
Rank at Discharge:	Type of D	Discharge:						
If other than honorable, explain:								
Driving Information (only complete fo	r jobs re	equiring a	a driver's license)					
Do you have a valid driver's license?	YES	NO						
Have you ever been convicted of Driving under the influence?	YES	NO						
If yes, please give dates?								
Emergency Conta	act Infor	mation						
Please list 2 contacts.								
Full Name:		Re	elationship:					
Address			Phone:					
Address:								
Full Name:		Re	elationship:					
Address:			Phone:					
Address:								
Disclaimer and	d Signat	ture						
I certify that my answers are true and complete to the best of my knowledge.								
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.								
Signature:			Date:					