

AGVISE Laboratories, Inc.

Employment Application

Applicant Information											
Full Name:						Date:					
	Last First					M.I.					
Address:	Street Address						Apartme	nt/Unit #			
	City					State	ZIP Code	Э			
Phone:				Email							
Date Available:				Desired Salary: \$							
Desired Pos	ition:										
Are you a citizen of the United States?			NO	If no, are you authorized to work in the U.S.?							
Have you ever previously worked for AGVISE Laboratories?			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 y? □	NO								
If yes, expla	in:										
			Edu	cation							
High School	:		Address	::							
From:	To:	Did you	graduate	YES ?	NO	Diploma:					
College:			Address	:							
From:	To:	Did you	graduate	YES ?	NO	Degree:					
College:			Address	i:							
From:	To:	Did you	graduate	YES ?	NO	Degree:					
Other:			Address	s:							
From:	To:	Did you	graduate	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? 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:____ Supervisor:____ Address: 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 r	equiring	a driver's li	cense)				
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:		F	Relationship:					
Address			Phone:					
Address:								
Full Name:		R	Relationship:					
Address:			Phone:					
Address:								
Disclaimer and	d Signa	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:					