



EMPLOYMENT APPLICATION

Equal Opportunity Employer / Drug-Free Workplace

Where to Find Vacancy Information:

- On the Internet: <http://www.sarapath.com>

APPLICANT TO COMPLETE INFORMATION BELOW	
Position Applying For:	_____
Your job duties may require you to travel between job sites using your personal vehicle. You would receive reimbursement at the current IRS mileage reimbursement rate. Is this acceptable <input type="checkbox"/> YES <input type="checkbox"/> NO	
DL License #: (your driving record will be periodically checked)	_____
Name of Referral Source:	_____
Availability: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Date Available: _____
Do you have commitment to another employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, Explain: _____	
<i>Employee duties and work schedules are subject to change based on department workload and staffing needs.</i>	
Minimum Acceptable Salary:	_____

GENERAL INSTRUCTIONS
<ul style="list-style-type: none"> Type or print in ink this application in its entirety. Incomplete applications will be rejected. Specify the position for which you are applying. (Photocopies are acceptable.) Submit your application to: SaraPath Diagnostics Human Resources 2001 Webber Street Sarasota, FL 34239 Fax To: (941) 362-8992 Sign your name in the Certification Section (page 4). All information you submit is subject to verification.

HOW DO WE CONTACT YOU?			
Your Name			
Social Security Number			
Your Mailing Address			
City	County	State	Zip Code
() -	() -		
Home Phone	Business Phone		
E-mail			

EDUCATION

HIGH SCHOOL:	
NAME / LOCATION OF SCHOOL	RECEIVED: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) : _____ <input type="checkbox"/> None

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPT MAY BE REQUIRED)							
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, BUSINESS, ARMED FORCES, ETC.)								
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED?	
		FROM	TO	CLASS	CLOCK		YES	NO
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

LICENSURE, REGISTRATION, CERTIFICATION

LICENSE, REGISTRATION OR CERTIFICATION:	Number	Date Received	Expiration Date	State Licensing Agency
		/ /	/ /	
		/ /	/ /	

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. **Use a separated block to describe each position or gap in employment.** If needed, attach additional sheets, using the same format as on the application. All information in this section **must** be completed. **Resumes may be attached to provide additional information.**

1	Name of Present or Last Employer: _____
Address: _____	Phone No.: () -
Your Job Title: _____	Supervisor's Name: _____
FROM: / / TO: / / HOURS PER WEEK: _____	Salary: _____
YOUR NAME, IF DIFFERENT DURING EMPLOYMENT: _____	
Duties and Responsibilities: _____	
Reason For Leaving: _____	

2	Name of Present or Last Employer: _____
Address: _____	Phone No.: () -
Your Job Title: _____	Supervisor's Name: _____
FROM: / / TO: / / HOURS PER WEEK: _____	Salary: _____
YOUR NAME, IF DIFFERENT DURING EMPLOYMENT: _____	
Duties and Responsibilities: _____	
Reason For Leaving: _____	

3	Name of Present or Last Employer: _____
Address: _____	Phone No.: () -
Your Job Title: _____	Supervisor's Name: _____
FROM: / / TO: / / HOURS PER WEEK: _____	Salary: _____
YOUR NAME, IF DIFFERENT DURING EMPLOYMENT: _____	
Duties and Responsibilities: _____	
Reason For Leaving: _____	

PERIODS OF EMPLOYMENT

4	Name of Present or Last Employer: _____
Address: _____	Phone No.: () - _____
Your Job Title: _____	Supervisor's Name: _____
FROM: / / TO: / / HOURS PER WEEK: _____	Salary: _____
YOUR NAME, IF DIFFERENT DURING EMPLOYMENT: _____	
Duties and Responsibilities: _____	
Reason For Leaving: _____	

5	Name of Present or Last Employer: _____
Address: _____	Phone No.: () - _____
Your Job Title: _____	Supervisor's Name: _____
FROM: / / TO: / / HOURS PER WEEK: _____	Salary: _____
YOUR NAME, IF DIFFERENT DURING EMPLOYMENT: _____	
Duties and Responsibilities: _____	
Reason For Leaving: _____	

6	Name of Present or Last Employer: _____
Address: _____	Phone No.: () - _____
Your Job Title: _____	Supervisor's Name: _____
FROM: / / TO: / / HOURS PER WEEK: _____	Salary: _____
YOUR NAME, IF DIFFERENT DURING EMPLOYMENT: _____	
Duties and Responsibilities: _____	
Reason For Leaving: _____	

If needed, attach additional sheets, using the same format as on the application. **Resumes may be attached to provide additional information.**

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe **relevant to the position you seek**, such as operating equipment, computer skills, fluency in language(s), etc.

ESSENTIAL JOB FUNCTIONS

A copy of the job description for the position you seek is attached. It shows the essential functions of the position. Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation? YES NO
If yes, explain: _____

CITIZENSHIP

SaraPath Diagnostics hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO

PREVIOUS APPLICATION / POSITION

Have you ever applied or worked for SaraPath Diagnostics in the past? YES NO

REFERENCES (At least three people who can attest to your ability to perform the job for which you are applying.)

NAME AND ADDRESS	OCCUPATION	PHONE NO.
		() -
		() -
		() -

CERTIFICATION

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of SaraPath Diagnostics for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that this application is not a contract for employment. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith.**

SIGNATURE: _____

DATE: _____ / ____ / ____