



Application for Employment

(Pre-Employment Questionnaire)

POSITION APPLIED FOR

DATE

We are an equal opportunity employer, dedicated to a policy of non-discrimination. Employment with Microbiologics is based upon qualification, without regard to race, sex, religion, marital status, color, age, or national origin, veteran's status, disability, status with regard to public assistance, and any other status protected by law.

PLEASE COMPLETE ALL INFORMATION EVEN IF INCLUDED IN YOUR RESUME.

PERSONAL INFORMATION (Please type or Print)							
Last Name		First		Middle Initial		Area Code/Telephone	
Address: Number/Street		City		State/Zip		Salary Desired:	
Do you have any relatives working at Microbiologics? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, names(s) and relationship:							
Please check the positions you are interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Either				Date available to begin work:		Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear of us? <input type="checkbox"/> Job Posting (please list): <input type="checkbox"/> LinkedIn <input type="checkbox"/> Facebook <input type="checkbox"/> Web Site <input type="checkbox"/> Career Fair <input type="checkbox"/> College / University <input type="checkbox"/> Person <input type="checkbox"/> Other							
Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
To	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, proof of identity and employment eligibility will be required upon beginning employment.							

EDUCATION: Education is a criterion Microbiologics may utilize in determining whether or not an applicant is qualified.			
Name and location of school	Degree/Certificate Received	Course of Major/Minor Subjects	No. of Years Attended
High School (or G.E.D):			
College or University:			
Business, Trade or Technical Schools:			
Military Service Schools:			



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WORK EXPERIENCE: Please account for all periods of employment. Start with *your most recent position* and include military service. You may attach a resume to supplement information, but application must be completed in full.

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Start Date	Starting Salary \$	Starting Position		May we call you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
End Date	Present (Last) Salary \$	Present (Last) Position		May we contact your present employer prior to any offer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and Title of Present (Last) Supervisor:			Reason for Leaving:		
Brief description of your responsibilities (include number of employees you supervised, if applicable):					

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PROFESSIONAL REFERENCES: Former employers and/or business associates.			
Name	Relationship	Phone	Email

APPLICANT: Please read carefully and sign

I affirm that the information provided is true and complete and that I have not withheld any fact(s). Any misrepresentation, falsification, omission or derogatory information that is discovered may prevent my being hired, or if hired, may subject me to disciplinary action, up to and including immediate employment dismissal.

I authorize Microbiologics or its agents to conduct an investigation and verification of all statements and information contained in this application that Microbiologics, may deem relevant to evaluating my qualifications for employment. I understand that any investigation conducted may include a request for employment and educational history, investigative consumer reports, and criminal history. I authorize all my previous employers or other persons having information concerning me or my record of employment to report such information to Microbiologics. I release each such person, Microbiologics and its agents from all claims and liability whatsoever arising out of such an investigation and disclosure of my background. Microbiologics will seek to keep all such information confidential except where such information is required to be released by law.

I understand that this is an application for employment and that no employment contract is being offered. I also understand that, if offered employment, I will be an at-will employee of Microbiologics which means that my employment can be terminated at any time for any reason, with or without notice, at the option of either Microbiologics or myself. No representative of Microbiologics has any authority to make any representation to the contrary.

I have read, understand and agree to the above.

Signature of Applicant

Date