

Attention:

Do not send your application to or contact Professional Pathology Services, PC about your application. All applications should be:

Mailed To:

eSources

Attn: Kelty Riddle

4500 Fort Jackson Blvd

Mail Code 200

Columbia SC 29209

OR

Faxed to:

(803) 376-1404

Resume's or applications sent directly to Professional Pathology Services will be discarded.



APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full, even if attaching a resume.)

Position Applied For _____

Date of Application _____

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT, but merely is intended to evaluate suitability for employment. It is the policy of Professional Pathology Services, PC and PPS Services, LLC, to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. This application will remain active for 180 days.

PERSONAL INFORMATION

Name:	SSN:
Home Phone:	Work Phone:
Current Street Address:	City, State Zip:
Previous Street Address:	City, State Zip:
Are any of your relatives presently employed with the company or its worksites? If yes, name of relative:	Have you ever worked for the company or its worksites before? If yes, where and approximate date.
Have you ever applied with the company or it worksites before? If yes where and approximate date.	How did you hear about this position?

GENERAL INFORMATION

Are you at least 18 years of age?

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. If offered employment can you provide genuine documentation establishing your identity and eligibility to be legally employed in the U.S.?

Have you ever been convicted or have a pending conviction of a crime or violation other than a minor traffic infraction, including felony, misdemeanor or municipal ordinance? YES NO
(A conviction record will not necessarily prevent you from being employed. Factors such as job relation, age and time of the offense, seriousness ad nature of violation, and rehabilitation will be taken into account.) If yes, please explain:

Have you ever been discharged from any company or asked to resign? If yes, please explain:

Can you perform the essential functions of the position for which you are applying? YES NO If no please explain:
 (If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.)

Type of work desired:
 Full-time Part-time

Wages expected:
 Hourly \$ _____
 Annually \$ _____

Date available to start work:

Please complete the space below for availability

Note: Work schedules are based upon the needs of the business and may be subject to change on a weekly basis.

HOURS AVAILABLE	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M
	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M
TO	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M
	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M

EDUCATION

High School Attended:	City & State:	Dates Attended:	Did you earn a diploma?	If not, do you have a GED?
Undergraduate College Attended:	City & State:	Dates Attended:	Areas of Study:	Degree/Certificate:
Graduate School Attended:	City & State:	Dates Attended:	Areas of Study:	Degree/Certificate:
Trade, Business, or Other School:	City & State:	Dates Attended:	Areas of Study:	Degree/Certificate:

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES NO
 (Omit any organization which reflect your race, color, religion, age, gender, sexual orientation, marital status, or disabilities)

Have you completed any special courses, seminars, and or training that would enable you to perform the position for which you are applying: YES NO If yes, please describe:

List academic honors, extracurricular activities, offices held, etc: (Omit any organization which reflects your race, color, religion, age, gender, sexual orientation, marital status or disabilities)

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER?

Begin with your most recent employment [1] and continue with all past employment.

[1] Employer:		City, State	Phone:	May we Contact? [] YES [] NO
Position Held:	Dates From/To:	Pay Rate Upon Leaving:	Supervisor:	
Duties:		Reason for Leaving:		
[2] Employer:		City, State	Phone:	May we Contact? [] YES [] NO
Position Held:	Dates From/To:	Pay Rate Upon Leaving:	Supervisor:	
Duties:		Reason for Leaving:		
[3] Employer:		City, State	Phone:	May we Contact? [] YES [] NO
Position Held:	Dates From/To:	Pay Rate Upon Leaving:	Supervisor:	
Duties:		Reason for Leaving:		
[4] Employer:		City, State	Phone:	May we Contact? [] YES [] NO
Position Held:	Dates From/To:	Pay Rate Upon Leaving:	Supervisor:	
Duties:		Reason for Leaving:		

PERSONAL OR BUSINESS REFERENCES (not relatives or employer)

[1] Name & Phone	Job Title
Address	Relationship
City, State Zip	Years Acquainted
[2] Name & Phone	Job Title
Address	Relationship
City, State Zip	Years Acquainted

APPLICANT'S CERTIFICATION STATEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR EQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding the statements above should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters elating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer repots, driving record, and criminal history. I authorized any person, school, current and former employee, consumer reporting agency, and ay other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable amount of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand I may be required to successfully pass a drug-screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of my employment, if required.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signature:

Date:

OFFICE USE ONLY

Employed? YES NO If yes title?

Interviewed by:

Date:

Date beginning employment

Worksite

Compensation

\$ _____ PER _____