



EMPLOYMENT APPLICATION

Ketchum, Wood & Burgert Pathology Associates is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, marital status, disability, veteran status, national origin, gender, pregnancy, genetic information, or any other characteristic protected by law.

INTRODUCTORY INFORMATION:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____

APPLICANT QUESTIONS:

Position Applying For: _____

Have you ever worked for this company before? Yes No

If yes, please give dates and position:

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Are you 16 years of age or older? Yes No

How were you referred to KWB Pathology Associates? _____

List any friends or relatives currently employed by KWB Pathology Associates _____

Have you ever resigned from a position in lieu of being terminated? _____

Have you ever pled guilty or no contest to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred, or do you have any criminal charges pending?

Yes No

If yes, please give date and details of each:

UNITED STATES ARMED FORCES EXPERIENCE (IF ANY):

Branch of Service: _____ From: _____ To: _____

Rank/Type of Service: _____

Special Training/Experience: _____

EDUCATION:

	School Name/Location	Years Completed	Degree	Study or Major
Elementary				
High School				
College/University				
Graduate/Professional				
Trade/Correspondence				
Other				

PREVIOUS EMPLOYMENT:

List positions starting with most recent:

Present or Past Employer Company _____ Address _____ City/State/Zip _____ Telephone _____	From: To:	Pay:	Position Title: Supervisor:	Reason for Leaving:
Previous Employer Company _____ Address _____ City/State/Zip _____ Telephone _____	From: To:	Pay:	Position Title: Supervisor:	Reason for Leaving:
Previous Employer Company _____ Address _____ City/State/Zip _____ Telephone _____	From: To:	Pay:	Position Title: Supervisor:	Reason for Leaving:

Previous Employer Company _____ Address _____ City/State/Zip _____ Telephone _____	From: To:	Pay:	Position Title: Supervisor:	Reason for Leaving:

WORK-RELATED REFERENCES: (Do not include relatives or personal references)

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NUMBER

STATEMENT (Please read this statement carefully before signing this application):

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Company has the same right. No one other than the owners of the Company have the authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the company may contact me previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Company responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed, my employment will be for no definite period and "at-will".

By signing this application, I certify that all of the information that I provide on this application and in any interview will be true, complete, and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for use in connection with my application for employment and for other reemployment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, Department of Motor Vehicle reports, and investigative consumer reports. I authorize the Company to conduct electronic inquiry related to my background including review of all social networking sites and Internet sites and to make adverse decisions as a result of such inquiries. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information. I authorize the Company to search and review all social media sites for information about me. I understand that such query is undertaken to ensure that I have not engaged in any inappropriate or unprofessional behaviors that are contrary to the mission of the Company.

I understand that the Company requires the successful completion of a background screening as well as a drug and/or alcohol test as a condition of employment.

I hereby certify that all of the information I have provided in this application is true and accurate.

Signature of Applicant: _____ **Date Signed:** _____

Updated 12/2021

