



Test Lab, Inc. (Test Lab) is an equal opportunity employer. We recruit, employ, train, compensate, and promote without regard to race, religion, creed, color, national origin, age, gender, marital status, disability, veteran status, or any other basis protected by applicable federal, state or local laws. Reasonable accommodation will be provided to individuals with a known physical or mental disability if such accommodation would not impose an undue hardship on the Company, and would enable the individual to apply for, or perform, the essential functions of the position in question.

In a commitment to safeguard the health of our employees and to provide a safe working environment for everyone, we have established a Drug-Free Workplace Policy for our company.

Application for Employment

Any applicant who provides unrequested information will be automatically rejected.

Candidate's Name: _____ Date: _____
LAST FIRST MIDDLE

Address: _____

Telephone Number: _____ Mobile Number: _____ Email: _____

Social Security Number: _____ Are you 18 years old or older? Yes No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?* Yes No

*Test Lab participates in E-Verify. We will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS) with information from each new employee's Form I-9 to confirm work authorization.

Have you ever worked or attended school under another name? If so, under what name(s)?

Have you ever been convicted of a felony? ** Yes No

If yes, give details, including date(s): _____

** A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

Do you have a valid Florida Driver's License? Yes No License Number: _____

Position Desired: _____ Start Date Available: _____ Salary Desired: _____

Do you prefer: Full-time Part-time (If part-time, hours per week desired): _____

Hours you are available to work: _____ Days of week you are available to work: _____

Are available to work***: Weekends Yes No Holidays Yes No Nights Yes No

Are you available to work overtime? Yes No *** if required for the position for which you're applying

Have you previously worked for this company? Yes No If so, from _____ to _____

Reason(s) for leaving: _____

How did you learn about this opening? _____

Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Postgraduate School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

Work Experience

List all previous employers during the past five years, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer:		Address:	
From	to	Position Held:	Reason for leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Salary or Hourly Pay:		Final Salary or Hourly Pay:	
Employer:		Address:	
From	to	Position Held:	Reason for leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Salary or Hourly Pay:		Final Salary or Hourly Pay:	

Employer:		Address:	
From	to	Position Held:	Reason for leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Salary or Hourly Pay:		Final Salary or Hourly Pay:	
Employer:		Address:	
From	to	Position Held:	Reason for leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Salary or Hourly Pay:		Final Salary or Hourly Pay:	

Can you type? Yes No If so, WPM: _____

Are you familiar with personal computers? Yes No PC Mac

What computer software/programs are you familiar with? _____

Military Experience

Branch of Service:	Dates Served:	Rank at Discharge:
Education and Training:		

Personal References (Do not list former employers or relatives.)

<i>Name & Occupation</i>	<i>Address</i>	<i>Phone Number</i>

Authorization and Acknowledgements

I certify that I have not knowingly withheld any information that might affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure this employment can be grounds for rejection of my application or, if I am employed by this company, can be grounds for my immediate termination from the company.

_____ (Initial)

In connection with my application for employment with Test Lab, Inc. (Company), I understand and agree that investigative inquiries are to be made on myself including, but not limited to, consumer credit, criminal convictions, motor vehicle history, educational transcripts, and other reports of any nature and type, including information in the public domain. These reports will include information as to my character, work, habits, performance, and experience together with reasons for termination of past employment. I understand and agree that the Company can and will be requesting information from various Federal, State and other agencies that maintain records concerning my past activities related to my driving, credit, criminal, education, and other experiences. I authorize without reservation all corporations, companies, credit agencies, persons, educational institutions, law enforcement agencies, and former employers to release information they may have about me, and release them from any liability and responsibility for doing so; further, I authorize the procurement of an investigative consumer report related to me and acknowledge my understanding that such report related may contain information as to my background, mode of living, character, and personal reputation. I hereby authorize investigation of all statements made by me with no liability arising there from. This authorization, in original and copy form, shall be valid for this and any future reports that may be requested.

_____ (Initial)

Employment with Test Lab is employment at will. The company retains the sole discretion with regard to issues such as promotion, demotion, termination, transfers, work assignments, job duties and responsibilities. No oral statement shall limit the right to terminate at will. With the exception of employment at will, all terms and conditions of employment with Test Lab may be modified at the sole discretion of the Company at any time.

_____ (Initial)

All property provided by Test Lab (e.g., desks, computers, phones, office equipment, etc.) remains the property of the company, is open to investigation by the company without prior notice, and the applicant (or employee if hired) has no expectation of privacy in those areas of work.

_____ (Initial)

All applicants considered final candidates for a position will be tested for the presence of drugs as part of the application process. Applicants will be asked to sign an Acknowledgement and Consent to Testing. If an applicant refuses they will not be considered for employment and the employment application process will terminate.

_____ (Initial)

Test Lab and applicant agree that any claim or dispute between them or against the other or any agent or employee of the other, whether related to the employment relationship or otherwise, including those created by practice, common law, court decision, or statute, now existing or created later, including any related to allegations of state or federal statutes related to discrimination, and all disputes about the validity of this arbitration clause, shall be resolved by neutral binding arbitration by the American Arbitration Association, under the rules of procedure in effect at the time any claim is made. Each party shall pay its own costs of arbitration, except that Employer agrees to pay for one (1) day of arbitration hearings. Fees paid are subject to the award of fees, as provided by law and arbitration rules. This agreement is subject to the Federal Arbitration Act and any award of the arbitrator(s) may be entered as a judgment in any court of competent jurisdiction. Information may be obtained and claims may be filed at any office of the American Arbitration Association or at Corporate Headquarters, Website: www.adr.org.

_____ (Initial)

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired.

Candidate's Signature

Date

APPLICANT DATA INFORMATION FORM

Important – Applicants Please Read: Qualified applicants are considered for employment, and employees are treated during employment without regard to race, color, religion, national origin, sex, sexual orientation, gender identity, genetic information, age, veteran status, marital status, disability or any other status protected by law. Solely to help us comply with federal and state equal employment opportunity recordkeeping, reporting and other legal requirements, we request that you complete this form.

Please Note: Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. This form will be detached from the employment application, and the information you provide will be recorded and maintained in a confidential file, separate from all other records. This information will not be used in consideration for your employment, and access to this information is restricted.

Position Applied For: _____ **Date:** _____ **Male** **Female**

Race/Ethnic Group (please choose one)

- American Indian or Alaskan Native:** A person with origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander:** A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific islands. This area includes, for example, China, Japan, Korea, the Philippine Republic, and Samoa.
- Black:** (Not of Hispanic origin) A person with origins in any of the black racial groups of Africa who is also not of Hispanic origin.
- Hispanic:** A person of Mexican, Puerto Rican, Cuban, South American, or other Spanish culture of origin, regardless of race.
- White:** (Not of Hispanic origin) A person with origins in any of the original peoples of Europe, North Africa, or the Middle East who is not of Hispanic origin.
- Other**

Optional Categories (The following, should you choose to provide, is also treated as confidential information)

Age: _____

Religion: _____