



Application for Employment at Source Diagnostics, LLC

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the HR Department.

Date of application ____/____/____ E-mail Address: _____

Name _____

Last First Middle

Address _____

Street City State Zip

Telephone () _____ - _____ Cell/Other () _____ - _____

Are you at least 18 years or older? *(If no you may be required to provide work authorization)* Yes No

Are you legally eligible for employment in the United States? Yes No

During the last 7 years have you been convicted of a crime other than minor traffic violation? Yes No

***A conviction will not necessarily automatically disqualify you from employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.*

Can you work any shift? Yes No Can you work overtime including weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

Date you can start: _____ Hourly rate/salary desired: _____ Employment type: FT PT Seasonal PRN

Position(s) applying for _____

Are you currently employed? Yes No If so, may we inquire of your present employer? Yes No

How did you hear about us? Walk In Referral Advertisement Other: _____

Have you ever worked for this company before? Yes No If yes, explain: _____

Do you know anyone who works for our company? Yes No If yes, who: _____

Employment History

Provide the following information for your past (3) employers, assignments/volunteer activities starting with the most recent.

From	To	Employer	Telephone
Job title		Address	
Immediate Supervisor		Starting wage \$ _____ per _____ Final wage \$ _____ per _____	
Reason for leaving		Summarize the nature of the work performed and job responsibilities	
From	To	Employer	Telephone
Job title		Address	
Immediate Supervisor		Starting wage \$ _____ per _____ Final wage \$ _____ per _____	
Reason for leaving		Summarize the nature of the work performed and job responsibilities	
From	To	Employer	Telephone
Job title		Address	
Immediate Supervisor		Starting wage \$ _____ per _____ Final wage \$ _____ per _____	
Reason for leaving		Summarize the nature of the work performed and job responsibilities	

Tell us about any special skills, experience, and/or training that would enhance your ability to perform the position applied for.

Computer Skills (please describe): _____

<u>Education</u>	<u>Name & Location</u>	<u>No. Of Yrs</u>	<u>Degree Rec'd</u>	<u>Subjects/Major</u>
High School				
College/University				
Trade, Business, or Correspondence School				

References: Give the names of three persons not related to you whom you've know for at least 3 years.

<u>Name</u>	<u>Phone</u>	<u>Nature of Relationship</u>	<u>Company</u>	<u>Yrs Known</u>

Please read carefully before signing:

Source Diagnostics, LLC/Sono Source and any other current and future affiliated entities (herein after referred to as "the Company") is an equal opportunity employer. The Company does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status, or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Company to hire me. If I am hired, I understand that either the Company or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the Company has the authority to make any assurance to the contrary.

I attest that I have given to the Company true and complete information on this application. No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I give the Company and/or their designated agents the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the Company and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature

Date

***This application is valid for only 60 days from the date signed/dated above.**