



Physician Laboratory Services^{LLC}
EMPLOYMENT APPLICATION
 Equal Opportunity, Reasonable Accommodation Employer

Human Resources Department
 Physician Laboratory Services
 2015 Jackson Creek Avenue
 Edinburg, Texas 78539
 Ph: 956-380-1203

Name: _____ Social Security Number: _____ Date: _____

Address: _____ Home Telephone: _____ Other Number: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Position Applied For: _____

Have you ever applied for a position with us? Yes No If Yes, what department: _____

Are you interested in Full-time or Part-Time employment? Full Part _____

EDUCATION RECORD (Optional, unless required for the position for which you are now applying.)

A copy of your high school diploma/GED certificate may be required at time of interview.

Did you graduate from high school or receive a GED certificate? yes no

SCHOOL NAME	LOCATION	HOURS EARNED	DIPLOMA, DEGREE OR CERTIFICATE EARNED	MAJOR FIELD OF STUDY
Business/Technical/Vocational		(Clock)		
1.				
Colleges/Universities		(Semester)		
1.				
2.				
Graduate Schools		(Semester)		
1.				
2.				

LICENSES (Optional, unless required for the position for which you are applying.)

Driver's License Yes No For positions which require specific licenses, copies of licenses will be required at the time of interview.

List other current licenses, certifications, or registrations required for the position for which you are applying. Indicate types and dates received.

SPECIAL SKILLS/LANGUAGES (Optional, unless required for the position for which you are now applying.)

List any special skills you possess and/or equipment or office machines you can operate.

Typing Test Score : _____ WPM

Languages (Other than English):

1. Speak Read Write 2. Speak Read Write

OTHER INFORMATION

May we contact your present employer? Yes No May we contact your former employers? Yes No

If you are a PLS Employee, what is your employment status: Regular Temporary

If you are not a current PLS Employee, have you previously worked for us? Yes No When?

Have you been **convicted** of a crime or have you pled nolo contendere or been granted deferred adjudication within the last ten years?

Yes No

If yes, list all such offenses and state date, name of court and disposition. You may omit minor violations for which you paid a fine of \$50 or less.

Are you related to any member of the PLS staff or the owners? Yes No If yes, complete the next line.

Name: _____ Department: _____ Relationship: _____

EMPLOYMENT RECORD

Please list all employment or volunteer experience. Begin with your present or last position and work back. Provide sufficient, qualifying experience. Please explain all periods of unemployment exceeding 90 days. You may use additional copies of this page as required. **You may attach a resume reflecting your employment history in lieu of completing this portion of the application.**

May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full-time <input type="checkbox"/>	Position Title: _____
Employer: _____		Part-time <input type="checkbox"/>	Ending Salary: _____
Address: _____			
City/State: _____			
	Months in this position: _____	Supervisor's Name: _____	
Start Date _____	End Date _____	Supervisor's Phone: _____	
Reason for Leaving: _____			
Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying. _____			

May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full-time <input type="checkbox"/>	Position Title: _____
Employer: _____		Part-time <input type="checkbox"/>	Ending Salary: _____
Address: _____			
City/State: _____			
	Months in this position: _____	Supervisor's Name: _____	
Start Date _____	End Date _____	Supervisor's Phone: _____	
Reason for Leaving: _____			
Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying. _____			

May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full-time <input type="checkbox"/>	Position Title: _____
Employer: _____		Part-time <input type="checkbox"/>	Ending Salary: _____
Address: _____			
City/State: _____			
	Months in this position: _____	Supervisor's Name: _____	
Start Date _____	End Date _____	Supervisor's Phone: _____	
Reason for Leaving: _____			
Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying. _____			

I understand that if I am hired, it will be at the discretion of the Department Head, subject to the approval of the Manager. I understand that employment is "at will" which means that PLS has no obligation to continue to employ me in the future. PLS employees are subject to the PLS Policy and Procedure Manual.

I certify that I have made no misrepresentation in this application and I have not withheld information in my statements and answers to questions. I hereby authorize PLS to investigate and verify any representations made by me, either orally or in writing. I hereby release PLS, and any individual who provides or obtains information pursuant to this authorization, from any and all liability for damages of any kind which may result to me on account of compliance, or attempts to comply, with this authorization. I am also aware that my application is subject to the Texas open records law and may be released as a public document. I may be subject to a background check. I also understand that this application is the property of PLS and will become a part of my personnel file if I am hired.

Signature of Applicant: _____ Date: _____



Physician Laboratory Services
Background Check Acknowledgement
Form
 Equal Opportunity, Reasonable Accommodation Employer

Human Resources Department
 Physician Laboratory Services
 2015 Jackson Creek Avenue
 Edinburg, Texas 78539
 Ph: 956-380-1203

Name: _____ Social Security Number: _____ Date: _____
 Address: _____ Home Telephone: _____ Other Number: _____
 City: _____ State: _____ Zip Code: _____
 Low long at this address? _____ Years _____ Months Date of Birth: _____

License Information

Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No	License #:	State Issued:
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I hereby authorize Physician Laboratory Services, LLC, (PLS) and any of its officers, employees, or agents to investigate my background, references, character, education, past employment, and/or criminal records in order to confirm my qualifications for employment as represented on my résumé, and/or employment application, and/or in my employment interview.

By signing below, I release Physician Laboratory Services, LLC, (PLS) and/or its officers, employees, and/or agents, as well as any person or entity providing information on my background pursuant to this acknowledgment form, from any and all liability in relation to the information obtained from any and all of the above referenced sources used.

Signature of Applicant: _____ Date: _____