

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	e:		Zip Code:	
E-mail Address:					
Position Applied For:					
Have you ever applied for a position	with us? Ye	es 🔲	No 🗆	If Yes, what department:	
Are you interested in Full-time or Pa employment?	rt-Time Fu	ıII <u>□</u>	Part 🗌		
EDUCATION RECORD (Optional, unles				plying.)	
A copy of your high school diploma/GED			_		
Did you graduate from high school or red	ceive a GED certificate?	☐ yes ☐	no	T	
SCHOOL NAME	LOCATION		HOURS EARNED	DIPLOMA, DEGREE OR CERTIFICATE EARNED	MAJOR FIELD OF STUDY
Business/Technical/Vocational			(Clock)		
1.					
2.					
Colleges/Universities			(Semester)		
1.					
2.					
Graduate Schools			(Semester)		
1.					
2.					
LICENSES (Optional, unless requir	red for the position for	which voi	ı are applying	1)	
Driver's License Yes No				copies of licenses will be required	at the time of interview.
List other current licenses, certifications	, or registrations required	for the pos	sition for which	you are applying. Indicate types	and dates received.
	Ontional unless require	d for the	nosition for w	which you are now applying)	
SPECIAL SKILLS/LANGUAGES (C List any special skills you possess a					
Typing Test Score : WPM					
Languages (Other than English):					
1. Speak	k 🗌 Read 🔲 Writ	е	2.	☐ Speak ☐	Read Write
OTHER INFORMATION					
May we contact your present emplo If you are a PLS Employee, what is If you are not a current PLS Employ Have you been convicted of a crim Yes No If yes, list all such offenses and state \$50 or less.	your employment statu yee, have you previousl ne or have you pled not	us: y worked contend	Regular [for us? [] lere or been g	-	, and the second
Are you related to any member of the Name:	he PLS staff or the own		Yes No	o If yes, complete the next li	ne. Relationship:

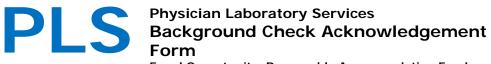
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EMPLOYMENT RECORD

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?	Full-time Part-time	Position Title: Ending Salary:				
Months in this position:		_ Supervisor's Name:				
Start Date End Date Reason for Leaving:		Supervisor's Phone:				
Describe responsibilities and duties you performed you are applying.	or skills you have t	hat are required for the position	on for which			
May we contact this employer? ☐ Yes ☐ No Employer:	Full-time 🗌	Position Title:				
Address:	Part-time	Ending Salary:				
City/State:						
Months in this position:		Supervisor's Name:				
Start Date End Date Reason for Leaving:		Supervisor's Phone:				
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? ☐ Yes ☐ No Employer:	Full-time 🗌	Position Title:				
	Part-time					
Address:	-	Ending Salary: _				
City/State:						
Months in this position:		Supervisor's Name:				
Start Date End Date Reason for Leaving:		Supervisor's Phone:				
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 is "at will" which means that PLS has no obligation to con Manual.	•		3			
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.						

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Equal Opportunity, Reasonable Accommodation Employer

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Name:	Social Security Number:	Date:					
Address:	Home Telephone:	Other Number:					
City:	State:	Zip Code:					
Low long at this address? Years Month	s Date of Birth:						
License Information							
Driver's License		State Issued:					
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 persuant 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:					

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