



PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE'S

FAX ALL SHEETS TO  
(800) 872-7209

**EMPLOYMENT APPLICATION FORM**

Date \_\_\_\_\_

Name Last First Middle

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Present Address City State Zip

How long \_\_\_\_\_ years Email address: \_\_\_\_\_

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Permanent/Prior Address City State Zip

How long \_\_\_\_\_ years Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( Home ) ( \_\_\_\_\_ ) ( Cell ) ( \_\_\_\_\_ )

Position Applied for: \_\_\_\_\_ Salary desired: \$ \_\_\_\_\_

When available for work? \_\_\_\_\_ Employment Desired:  Full-Time only  Part-Time only  Full or Part Time

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City & State)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School			Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College			Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade School			Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional School			Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT APPLICATION FORM**  
**Precision Pipette, Inc.**

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No (\* Include copy of license \*)

What is your means of transportation to work? \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration date: \_\_\_\_\_

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed and sentence(s) imposed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list (3) references other than relatives.

Relationship to you _____	Years known: _____
_____	Phone ( _____ ) _____
Name _____	Phone ( _____ ) _____
Address _____	City _____ State _____ Zip _____

  

Relationship to you _____	Years known: _____
_____	Phone ( _____ ) _____
Name _____	Phone ( _____ ) _____
Address _____	City _____ State _____ Zip _____

  

Relationship to you _____	Years known: _____
_____	Phone ( _____ ) _____
Name _____	Phone ( _____ ) _____
Address _____	City _____ State _____ Zip _____

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**WORK EXPERIENCE**

Please list your work experience for the **past five years** beginning with your most recent job held.  
 If you were self employed, give firm name. **Attach additional sheets if necessary.**

Name of employer	Supervisor's Name	( )	Telephone
Address	City	State	Zip
Employment Dates: From _____ To _____		Job Title _____	Final Pay/Salary \$ _____
Reason for leaving (be specific) _____			

Name of employer	Supervisor's Name	( )	Telephone
Address	City	State	Zip
Employment Dates: From _____ To _____		Last Job Title _____	Final Pay/Salary \$ _____
Reason for leaving (be specific) _____			

Name of employer	Supervisor's Name	( )	Telephone
Address	City	State	Zip
Employment Dates: From _____ To _____		Last Job Title _____	Final Pay/Salary \$ _____
Reason for leaving (be specific) _____			

Name of employer	Supervisor's Name	( )	Telephone
Address	City	State	Zip
Employment Dates: From _____ To _____		Last Job Title _____	Final Pay/Salary \$ _____
Reason for leaving (be specific) _____			

May we contact your present employer?       Yes     No

Did you complete this application yourself?       Yes     No

If not, who did? \_\_\_\_\_

**EMPLOYMENT APPLICATION FORM**

**Precision Pipette, Inc.**

**APPLICANT'S *Disclosure & Consent* RELEASE OF INFORMATION**

APPLICANT INFORMATION (Please Print)	NORC	Account Number:
Applicant Name: (First Middle Last)		Current Address: (street address)
Other Name(s) Used: (like Maiden)		City: State: Zip:
2. Other Name(s) Used:		Former Address: (1)
Social Security No:		City: State: Zip:
Driver's License No.: State:		Former Address: (2)
Date of Birth: Place of Birth: (City, State, Country)		City: State: Zip:

**Applicant Instructions:** Please read this disclosure and consent form carefully before signing. You will be provided with a copy of this form at any time upon request.

**DISCLOSURE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICANTS AND EMPLOYMENT PURPOSES.**

You should read carefully. This consent and release has been provided to you for this employer to request a consumer report or investigate consumer reports in connection with your application for employment, resume or during the course of your employment, if any.

The Applicant acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. The verifications and/or checks may include but not limited to: driving record, workers compensation records, credit bureau files, employment references, personal references, any educational and licensing institution and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. A photocopy or telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated Company Personnel.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to application for employment, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.

Your signature below indicates that you have carefully read and understand that a consumer report or investigative consumer report regarding you may be requested and reviewed for employment purposes, including any future decisions concerning your employment, promotion, or retention as an employee. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

**CONSENT STATEMENT**

I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this employer by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Employer and confirm that all such information is true and correct.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as a cause for possible dismissal.

I authorize InfoMart and any of its Agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives. I do hereby agree to forever release and discharge this company, our agent, InfoMart and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information. **ATTENTION RESIDENTS OF CALIFORNIA, MINNESOTA, & OKLAHOMA ONLY:**  By checking this box, I request to receive a copy of the report from the credit reporting agency at no charge at the same time the report is provided to the prospective employer.

APPLICANT:

Applicant Signature

Date

Applicant Name Typed or Printed

**Fax to: (800) 872-7209**