



ADVANCED CLINICAL TECHNOLOGY SERVICES

Biomedical Technical Services

Experts at Meeting and Exceeding Regulatory Compliance Standards

Employment Application

BASIC INFORMATION

Your Name: _____	Today's Date: _____
Your Address: _____ _____	
Phone: _____	E-mail Address: _____
Position Applying For: _____	
Are you currently under a non-compete agreement that may restrict you from working at ACT Services? (Circle one) Y N	
Are you legally able to work in the U.S.? Y N	

EDUCATION

Please list schools you have attended and certifications you have received below.

	City/state	Major/Minor	Degree Obtained
High School:			
College:			
Post Graduate:			

Additional sources of educations/certifications (please list):

SKILLS/KNOWLEDGE/ABILITIES:

Please list any skills/knowledge/abilities you possess and believe are relevant to the position you seek:

WORK HISTORY: Please list the most recent employment first:

Current/Most Recent Employment

Employer Name and Address:

Dates employed: From ___/___/___ To ___/___/___

Phone: _____

Supervisor: _____

Position Held: _____

Starting Pay: _____

Ending Pay: _____

Reason for leaving: _____

May we contact this employer? Y N

Previous Employment

Employer Name and Address:

Dates employed: From ___/___/___ To ___/___/___

Phone: _____

Supervisor: _____

Position Held: _____

Starting Pay: _____

Ending Pay: _____

Reason for leaving: _____

May we contact this employer? Y N

Previous Employment

Employer Name and Address:

Dates employed: From ___/___/___ To ___/___/___

Phone: _____

Supervisor: _____

Position Held: _____

Starting Pay: _____

Ending Pay: _____

Reason for leaving: _____

May we contact this employer? Y N

APPLICANT CERTIFICATION

I hereby certify that the answers to the foregoing questions are true to the best of my knowledge and agree to have any of the statements checked by ACT Services unless I have indicated to the contrary. I am aware that a more detailed investigation concerning my background, which may include criminal background check, driving history, and credit, may be conducted and I hereby authorize such an investigation.

Should a job offer be made, I understand that I will be required to submit to and successfully pass a pre-employment drug screen. Results of this test will be confidential and will not be disclosed to others without my written consent. My signature below specifically signifies my consent to this pre-placement drug screening test.

I understand that nothing contained in this employment application is intended to lead to or create an employment contract between ACT Services and myself which would in any way restrict the right of the company to terminate my employment-at-will. I further understand and agree that the employment relationship that may result from my application will be employment-at-will and either I or ACT Services may terminate the relationship at any time.

I understand and agree that any omission, misrepresentation or falsification can be grounds for refusal or employment. I further understand that, if employed, any false statements or misrepresentations herein or in conjunction with the application process may be cause for dismissal.

I acknowledge that ACT Services offers equal opportunity to all applications for employment and to all employees regardless of sex, age, race, color, religious affiliation, creed, national origin, ancestry, marital status, sexual orientation or disability.

I hereby agree to the terms and conditions stated above:

Applicant Signature

Date