

EMPLOYMENT APPLICATION



QUAD CITIES PATHOLOGISTS GROUP, LLC
Quality You Expect...Service You Deserve

Metropolitan Medical Laboratory, PLC considers applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, or any other legally protected status.

PLEASE PRINT OR TYPE. INDICATING "SEE RESUME" ON THE APPLICATION DOES NOT CONSTITUTE A COMPLETED APPLICATION.

SECTION ONE: GENERAL

Last Name	First Name	Middle Name
Address:		City/State/Zip:
Social Security Number:		Email Address:
Telephone Number(s) – please include area code: No Phone: _____ Home: _____ Cell: _____		Compensation Desired: _____ per hour
Position(s) Applying For: (phlebotomist, specimen processing, clerical, billing, technical, client services, other)		
Work location preference: _____ Iowa _____ Illinois _____ Willing to work in either		
Check the primary shift(s) you are able to work? _____ First _____ Second _____ Third		
List, in order of preference, what shifts you would like to work? (1 = most preferred to 3 = least preferred, NO = unable) _____ First _____ Second _____ Third		
Are you available for rotating weekends and holidays? _____ YES _____ NO		
Check the primary hours/week you are interested in? _____ 40 hours/week _____ part-time (<29 hrs/wk) _____ 30-39 hours/week _____ casual (as needed)		

RECRUITING INFORMATION:

How did you learn about this position? Web Site _____ Newspaper _____ Metro Employee _____ Other _____
Name of Site/Newspaper/Employee/Other: _____
Have you ever worked for Metropolitan Medical Laboratory, PLC? _____ YES _____ NO
If yes, Please note dates FROM: _____(mo./yr.) TO: _____(mo./yr.)
Dept. and/or Site worked at: _____
Supervisor: _____

METROPOLITAN MEDICAL LABORATORY, PLC IS TOBACCO-FREE IN ALL FACILITIES AND ON ALL GROUNDS OWNED BY THE COMPANY.

SECTION TWO: EMPLOYMENT INFORMATION

Start with your current or most recent job and list your prior employment experiences working backwards in time from the present to jobs that you had previously. List all jobs. You may include military service, volunteer activities, internships, etc. You may exclude organizations which indicate race, religion, gender, national origin, disabilities or other protected status.

Employer:	Supervisor's Name/Title/ Phone Number :	
Address:	City/State/Zip:	
May we contact this employer?: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Dates Employed	FROM: _____(Month/Year)	TO: _____(Month/Year)
Hourly rate of salary	STARTING: _____/hour	ENDING: _____/hour
Job Title and position responsibilities:		
Reason for leaving:		

Employer:	Supervisor's Name/Title/ Phone Number :	
Address:	City/State/Zip:	
May we contact this employer?: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Dates Employed	FROM: _____(Month/Year)	TO: _____(Month/Year)
Hourly rate of salary	STARTING: _____/hour	ENDING: _____/hour
Job Title and position responsibilities:		
Reason for leaving:		

Employer:	Supervisor's Name/Title/ Phone Number :	
Address:	City/State/Zip:	
May we contact this employer?: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Dates Employed	FROM: _____(Month/Year)	TO: _____(Month/Year)
Hourly rate of salary	STARTING: _____/hour	ENDING: _____/hour
Job Title and position responsibilities:		
Reason for leaving:		

SECTION THREE: EDUCATIONAL PREPARATION

	Name and address of School	Course of Study	Years completed	Diploma or Degree
***High School				
***Undergraduate College				
***Graduate Professional				
***Other (Specify)				

*****PROFESSIONAL CERTIFICATIONS, LICENSES AND MEMBERSHIPS** _____

*****Information will be verified and copies or documentation is required.**

FOR VERIFICATION OF EDUCATIONAL ACCOMPLISHMENTS:

What name appears on your High School diploma? _____

What name appears on your College diploma? _____

SPECIALIZED SKILLS: (check skills you have experience or proficiency with.)

Clerical: _____ Keyboarding (indicate wpm): _____ wpm Software applications, _____ Word
 _____ Multi-phone lines _____ Excel
 _____ 10 key pad _____ Powerpoint

Medical: _____ Billing Other: (please list) _____
 _____ ICD-9 Codes
 _____ ICD-10 Codes
 _____ Medical terminology _____

General: _____ Texting with cell phone

OTHER QUALIFICATIONS:

Summarize special job related skills and qualifications acquired from employment, military or other experience.

SECTION FOUR: OTHER INFORMATION

Do you have legal authorization to work in the United States? (Proof of citizenship or immigration status will be required upon employment.)	_____ YES	_____ NO
Do you now, or will you in the future need sponsorship from an employer in order to obtain, extend or renew your authorization to work in the United States?	_____ YES	_____ NO
Have you ever applied for a position with Metropolitan Medical Laboratory, PLC before? If YES, when? _____ What was the title of position you applied for? _____	_____ YES	_____ NO
Have you ever been discharged from any employer or asked to resign? If YES, please explain: _____	_____ YES	_____ NO

Please initial each paragraph and sign below:

_____ I understand that this employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS) with information from each new employee's Form I-9 to confirm work authorization.

_____ I hereby affirm that the information provided on this application is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

_____ I hereby authorize persons, schools, my current and previous employers as well as organizations named in this application to provide this company and all affiliates with any relevant information regarding an employment decision, and I release all such persons from any liability regarding the provisions or use of such information. I further understand that it becomes the property of Metropolitan Medical Laboratory, PLC and will not be returned. In addition, a signed copy of this authorization is as valid as the original and should be recognized as such.

_____ I understand that it is the policy of the company to perform both background investigation and drug testing on all applicants who are seriously being considered for employment. Refusal to participate will result in the rejection of my application. I also authorize Metropolitan Medical Laboratory, PLC to access my Motor Vehicle Record if I am being considered for a position involving driving for the company. This authorization will remain valid for the duration of my employment.

_____ In consideration of my employment, I agree to comply with the policies of the company. I understand that my employment is at-will and can be terminated at any time and for any reasons or for no reason, at the option of either the company or myself.

_____ This application is active for three months from today's date. If I still desire a position with the company after this application expires, it will be my responsibility to complete and submit a new application.

Signature of Applicant: _____	Date: _____
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FOR HUMAN RESOURCE USE:

Start Date:	Position Title:	Posting #:
Location:	Classification: <input type="checkbox"/> Full Time <input type="checkbox"/> Regular Part-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Temp	
Hours/Week:	Salary/Hour:	Employee Birth-date:
Shift:	Scheduled Hours:	Department:
Date Position Offered:	Date Drug Screen Completed:	Initials:
Date Fast Tracked:	Date Background Entered:	Initials: