

**THE DELTA PATHOLOGY GROUP, LLC  
OMEGA DIAGNOSTICS, LLC  
PATHOLOGY RESOURCE NETWORK, LLC**

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

**DATE** \_\_\_\_\_

NAME (LAST, FIRST, MIDDLE )		REFERRED BY	
ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS:	PHONE NO. (     )     -	CELL PHONE NO. (     )     -	

If you are less than 18 years old, can you furnish a work permit? \_\_\_yes     \_\_\_no

**EMPLOYMENT DESIRED**

Position Applied for (Be specific):		Date Available:	
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?	WHEN?

Are you available to work Full Time \_\_\_ Part Time \_\_\_ Shift Work \_\_\_ Temporary \_\_\_

Applicants are considered for all positions, and employees are treated equal during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, handicap, or other protected status.

**EDUCATION HISTORY**

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			
LICENSE AND/OR CERTIFICATION			

**GENERAL INFORMATION**

SUBJECT OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING / SKILLS
The Immigration Reform Act of 1986 requires that we check documentation as to citizenship/and or immigration status. Accordingly, if required to do so, can you supply documentation that shows you are a U.S. citizen or that you are legally employable in the United States? Yes _____ No _____

Have you ever been convicted of a felony? If so, please explain: _____ _____
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**FORMER EMPLOYERS** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME, ADDRESS & PHONE NO. OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES**

(GIVE BELOW THE NAMES OF THREE PERSON NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.)

NAME	ADDRESS	PHONE NO.	BUSINESS	YEARS KNOWN

**ACKNOWLEDGEMENT**

I, certify that the answers herein are true and complete to the best of my knowledge.

I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment, and that no official has the authority to enter into an employment contract with me.

I expressly authorize The Delta Pathology Group, LLC, Omega Diagnostics, LLC, or Pathology Resource Network, LLC to contact my prior employer(s). I further agree to release all my prior employers from any and all liability or responsibility on account of the verification of the information I have supplied on my employment application as well as any other information they may supply concerning my prior employment history. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of The Delta Pathology Group, LLC, Omega Diagnostics, LLC, or Pathology Resource Network, LLC and my refusal to cooperate will subject me to discharge.

Any position offered is subject to the candidate's successful completion of pre-employment required screenings.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

08/2019