



PETERSON LABORATORY SERVICES
APPLICATION FOR EMPLOYMENT

Date of Application: _____

Position/s Applied For: _____

Name: _____

Address: _____
Street City State Zip

Telephone (Day) _____ (Evening) _____

Date Available for Work: _____

Type of Employment Desired: ___ Full Time ___ Part Time ___ Temporary

EMPLOYMENT HISTORY

Form with multiple sections for employment history, including fields for FROM - TO, EMPLOYER, TELEPHONE, JOB TITLE, ADDRESS, IMMEDIATE SUPERVISOR, REASON FOR LEAVING, and HOURLY RATE/STARTING SALARY.

FROM - TO	EMPLOYER	TELEPHONE
JOB TITLE	ADDRESS	
IMMEDIATE SUPERVISOR		
REASON FOR LEAVING		
HOURLY RATE/STARTING SALARY	\$ _____ PER _____	FINAL \$ _____ Per _____

SKILLS AND QUALIFICATIONS

(Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with Peterson Laboratory Services).

EDUCATIONAL BACKGROUND

NAME AND LOCATION	HIGHEST LEVEL COMPLETED/ DEGREE	COURSE OF STUDY
High School		
College		
Other		
REFERENCES		
NAME	TELEPHONE NUMBER	YEARS KNOWN
1		
2		
3		

Please complete section A, B and C.

Section A. Professional license(s) information (if applicable).

Section B. All applicants and employees for all positions

Section C. Driver's License information. All employees may be required to drive a company vehicle in the course of their employment

SECTION A (IF APPLICABLE)

1. List your current professional license(s): _____

Issuing Authority: _____

Expiration Date: _____

2. Have you ever had your professional license(s) suspended or revoked? YES NO

If yes, indicate the following:

By Whom: _____ When: _____

Reason: _____

SECTION B (ALL APPLICANTS AND EMPLOYEES)

1. Have you ever been convicted of a health care related felony or misdemeanor (including a plea bargain or other arrangement with prosecuting authorities)? YES NO

If yes, please explain: _____

2. Have you ever been excluded, suspended or debarred from the Medicare or Medicaid program or any other federally funded health care program? YES NO

If yes, please explain: _____

3. List any health care or related business in which you, or a member of your family or household have a direct or indirect ownership, or controlling interest of 5% or more. Include Medicare or Medicaid provider numbers for each (attach extra pages if necessary). _____

4. Have any of the entities which you listed in response to question #3 above been excluded, suspended or debarred from Medicare, Medicaid or any of the federally funded health care programs?

YES NO

If yes, please explain: _____

5. Have you ever defaulted on a Health Education Assistant Loan? YES NO

If yes, please explain: _____

The Laboratory Compliance Officer will check the HHS/O1G Sanction Report to verify answers in Section B for any person in a management position, providers who possess a Medicare provider number and all reception and billing office personnel.

SECTION C (ALL APPLICANTS/EMPLOYEES)

I have a valid driver's license. ___ YES ___ NO

Driver's License Number: _____ State Issued: _____ Expiration Date: _____

Have you ever had your driver's license suspended or revoked? ___ YES ___ NO

If yes, please explain: _____

How many violations (tickets) within the last 3 years? _____

If any, please list: _____

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without consent and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representative seeking such information and all other persons, corporations or organizations for furnishing information.

Signature of Applicant: _____ Date: _____