



APPLICATION FOR EMPLOYMENT

Boyce & Bynum Pathology Laboratories, P.C.

An Equal Opportunity Employer

200 Portland Street • Columbia, Missouri 65201
Phone: 573-886-4600 • Fax: 573-886-4521

| | | | | | | | | | | | | | |
|---|----|---------|----|-----------|----|----------|--|--------|----|----------|-------|--------|----|
| Position Applied For: | | | | | | | | | | | Date: | | |
| Availability: | | | | | | | | | | | | | |
| Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | | Sunday | |
| FROM | TO | FROM | TO | FROM | TO | FROM | TO | FROM | TO | FROM | TO | FROM | TO |
| If hired, when could you begin work? (Month/Day/Year) | | | | | | | How many hours would you like to work each week? | | | | | | |

PERSONAL INFORMATION:

| | | | | | | | | | | | | |
|---|--|--|-----------------------|------|--|-----------------------|-------------------|-------|---|----------|--|-----------|
| Name Last | | | First | | | MI | Social Security # | | | | | |
| Address Street | | | | City | | | | State | | Zip Code | | |
| Home Phone () () | | | Cell Phone () () | | | Work Phone () () | | | May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | Have you ever used, or been employed under, any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list other name(s): | | | | | | | |
| Have you ever been employed by Boyce & Bynum? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | Date(s): | | Position: |
| If yes, Location: | | | | | | | | | | | | |
| Are you related to anyone employed by Boyce & Bynum? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | Name: | | Dept: |
| | | | | | | | | | | | | Location: |
| How did you find out about this job opening? <input type="checkbox"/> Web Page <input type="checkbox"/> Newspaper <input type="checkbox"/> Human Resource Office <input type="checkbox"/> BBPL employee _____ <input type="checkbox"/> Career Fair <input type="checkbox"/> Other (Please Explain) _____ | | | | | | | | | | | | |
| Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986</small> | | | | | | | | | | | | |

EDUCATION & SKILLS:

| Name & Location of School | # Years Complete | Graduated | | Degree & Major |
|---------------------------|------------------|------------------------------|---|----------------|
| High School | | <input type="checkbox"/> Yes | If no, highest grade completed? | |
| College | | <input type="checkbox"/> Yes | If no, approx number of credit hours completed? | |
| Other | | <input type="checkbox"/> Yes | If no, approx number of credit hours completed? | |

OFFICE/COMPUTER SKILLS:

KNOWLEDGE OF SOFTWARE APPLICATIONS:

Transcription Ten Key by Touch Typing _____ WPM Microsoft Office Other _____

LICENSES/CERTIFICATIONS:

| | | | |
|--|-------|--|-----------------|
| Are you currently: <input type="checkbox"/> Registered <input type="checkbox"/> Licensed <input type="checkbox"/> Certified <input type="checkbox"/> Not Applicable | | Are you eligible for: <input type="checkbox"/> Registration <input type="checkbox"/> Licensure <input type="checkbox"/> Certification <input type="checkbox"/> Not Applicable | |
| Professional Licenses, Certifications, Registrations | State | ID Number | Expiration Date |
| | | | |
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We appreciate your interest in Boyce & Bynum. We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation, veteran status, or for any other reason protected by law. Applicants requiring reasonable accommodation to submit this application or to participate in the hiring/interview process may request an accommodation from the Human Resources Director.

EMPLOYMENT HISTORY: List all employment including military and volunteer service **starting with the most current position held.** Show employment history for at least 10 years or from the time you left school (supplemental sheet available on back page). Explain gaps in employment history. You may attach a resume, **but you must complete the employment section.** This information will be used in reference checks. Failure to answer all items in the following sections may eliminate you from further consideration.

| | |
|--|--------------------------------|
| Dates Employed (month/year) From: _____ To: _____ | Position Title |
| Salary Start: \$ _____ Final: \$ _____ | Organization Name/Address |
| <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time, Hours/Week _____ | Supervisor's Name/Title/Phone: |
| May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason for Leaving? |
| Duties: | |

| | |
|--|--------------------------------|
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| Salary Start: \$ _____ Final: \$ _____ | Organization Name/Address |
| <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time, Hours/Week _____ | Supervisor's Name/Title/Phone: |
| May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason for Leaving? |
| Duties: | |

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| <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time, Hours/Week _____ | Supervisor's Name/Title/Phone: |
| May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason for Leaving? |
| Duties: | |

| | |
|---|---|
| MILITARY SERVICE: Complete this section if you served in the U.S. Armed Forces | |
| Branch of Service: | Date of Service: From: _____ to: _____ (Month/Year) |
| Describe duties and any special training: | |
| Rank at discharge? | Discharge status: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other |

OTHER:

Excluding minor traffic offenses, have you been convicted of a crime or received a suspended imposition or execution of sentence for a crime, in the past (10) years?

Yes No

If yes, please provide the date you were convicted or were given a suspended imposition or execution of sentence, the sentence, and the crime for which you were convicted or were given a suspended imposition or execution of sentence. _____

Are you currently using illegal drugs or controlled substances not prescribed by a physician?

Yes No

The type and seriousness of any crime, any drug use, along with your entire work history, education history and the position for which you are applying will be considered. A "Yes" response to the above questions will not automatically disqualify you from consideration for employment with Boyce & Bynum.

PLEASE READ CAREFULLY AND SIGN:

1. I certify that the information contained in this application is true and complete to the best of my knowledge and I understand that any misrepresentation or omission of facts is grounds for refusal to hire, or, if hired, immediate dismissal.
2. I affirm, under the penalty of law, that I have a genuine interest and intent to work for the Company, that I have no other purpose or motive for applying for or accepting a position with the Company, and that I will not disclose the Company's confidential information obtained during the interview process or during employment.
3. I hereby authorize the Company to request each employer, person, company or school referenced in my Employment Application to answer all questions that may be asked and to give all information that may be sought in connection with my Application or concerning me or my work habits, character, skill or action in any transaction, and hereby authorize any persons or organizations referenced in the Application to provide the Company with any and all information concerning my previous or current employment, education or other information they might have, personal or otherwise. Any information obtained by the Company from any source will be held confidential by the Company from all persons and even against any demand made by me, except as required by law. I understand that any offer of employment is contingent upon a successful background check.
4. I hereby release all parties from any liability for any damage caused or claimed to have been caused by giving and receiving opinions as to my previous or current employment, education and character.
5. I understand that any offer of employment I may be subject to my satisfactory completion of a post-offer drug/alcohol test. A blood test, urine screen or any other drug/alcohol screen may be required at any time pursuant to the Company's substance abuse policy and as permitted by applicable law. I acknowledge and agree that the pertinent results of such post-offer, pre-employment drug/alcohol screen and/or physical medical examination and the pertinent results of any post-employment drug/alcohol screen and/or job-related physical or medical examinations may be used to make decisions affecting my employment application and/or continued employment, as applicable.
6. I acknowledge that no officer, agent, or employee of the company has made any representations or promises to me concerning the length, duration, kind, character or nature of employment or compensation which may be offered to me, and I further agree that I have not and shall not base any decision to relocate my residence upon any representations of such nature.
7. I further understand that my Application will remain active for 90 days from the date it was completed, and that, if I am not offered employment within 90 days and wish to be considered for employment after the 90 day period has expired, I must reapply.

APPLICANT SIGNATURE: _____ DATE: _____

PRINTED NAME OF APPLICANT: _____

SUPPLEMENTAL EMPLOYMENT HISTORY: Complete any additional information required to supplement the Employment History from page 2.

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| May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason for Leaving? |
| Duties: | |
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| Duties: | |
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