



# APPLICATION FOR EMPLOYMENT

## Policy Statements

It is the policy of ProCaps Laboratories to actively recruit and hire qualified applicants, regardless of race, color, religion, sex (gender and/or orientation), national origin or ancestry, disability, age, creed, marital status or other protected status in accordance with applicable law. No question on this application is intended to secure information to be used for such discriminatory purposes.

ProCaps Laboratories is a drug-free workplace. All applicants are subject to preemployment drug testing.

## Applicant Information

Last Name:		First Name:		Middle Initial:
Street Address:		City:	State:	Zip Code:
Home Phone Number: (    )		Alternate Phone Number: (    )		Social Security Number:
How long at present address? Years: ____ Months: ____	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you previously applied for employment with ProCaps Laboratories? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when and for what position? _____		
Are you related or acquainted with anyone currently employed at ProCaps Laboratories? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, state: Name: _____ Relationship: _____				
Have you previously worked at ProCaps Laboratories as a Regular Employee or through a Staffing Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state dates of employment, position held and (if applicable) name of Staffing Agency: _____				
Have you ever been discharged or asked to resign from a position at any company? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain: _____				
Are you currently authorized to accept employment in the United States without any restrictions as to the length of the employment period? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>NOTE: (Successful applicants will be required to prove eligibility within three business days after beginning employment.)</small>				
Aside from minor traffic offenses, have you ever admitted to or been convicted of a criminal offense (including felony, misdemeanor, petty misdemeanor or pre-trial diversion program) that has not been sealed, expunged or statutorily eradicated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the nature of the offense, location (city, county, state) and approximate date of the conviction: _____				
<small>(NOTE: A conviction record will not necessarily disqualify an applicant from employment with ProCaps Laboratories. However, failure to disclose convictions or participation in pre-trial diversion programs, regardless of when they occurred, may be an omission or misrepresentation of fact resulting in refusal of employment or immediate termination.)</small>				

## Position Information

Position Applying For:	Available Start Date:	Salary Requirements: \$ _____
How did you hear about the position for which you are applying? <input type="checkbox"/> Walk-In <input type="checkbox"/> Advertisement: _____ <small>Name of Publication/On-Line Resource</small>		
<input type="checkbox"/> Employee Referral: _____ <input type="checkbox"/> Other Referral: _____ <small>Name Name Source</small>		
Available For: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If only part-time, what hours can you work? _____	Are you willing to work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what shift/hours can you work? _____	

## Employment History

Please list your employment history for the past **10 years** including volunteer work, military experience and periods of unemployment. Please begin with your most recent employer. **If more space is needed, additional work history sheets can be provided.** You may attach your resume, but do not indicate "SEE RESUME" in lieu of completing this section or your application will not be accepted.

If currently employed, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dates Employed: From: / / To: / /	Job Title:	Starting Salary: \$ _____ Ending/Current Salary: \$ _____
Summary of Responsibilities:		
Employer Name:	Supervisor's Name and Job Title:	
Employer Phone #: ( )	Reason for Leaving:	
Employer Address:		
Dates Employed: From: / / To: / /	Job Title:	Starting Salary: \$ _____ Ending/Current Salary: \$ _____
Summary of Responsibilities:		
Employer Name:	Supervisor's Name and Job Title:	
Employer Phone #: ( )	Reason for Leaving:	
Employer Address:		

Dates Employed: From:    /    /    To:    /    /		Job Title:	Starting Salary:    \$ _____ Ending/Current Salary: \$ _____
Summary of Responsibilities:			
Employer Name:		Supervisor's Name and Job Title:	
Employer Phone #: (    )		Reason for Leaving:	
Employer Address:			
Dates Employed: From:    /    /    To:    /    /		Job Title:	Starting Salary:    \$ _____ Ending/Current Salary: \$ _____
Summary of Responsibilities:			
Employer Name:		Supervisor's Name and Job Title:	
Employer Phone #: (    )		Reason for Leaving:	
Employer Address:			
Dates Employed: From:    /    /    To:    /    /		Job Title:	Starting Salary:    \$ _____ Ending/Current Salary: \$ _____
Summary of Responsibilities:			
Employer Name:		Supervisor's Name and Job Title:	
Employer Phone #: (    )		Reason for Leaving:	
Employer Address:			

## Unemployment Statement

This section is to be completed for any period(s) of more than 30 days of unemployment in the last 10 years, unless the unemployment was due to a disability. List the dates and address while unemployed and the reason for the period of unemployment.

Dates Unemployed: /    /    To:    /    /	Address While Unemployed:	Reason:
Dates Unemployed: /    /    To:    /    /	Address While Unemployed:	Reason:
Dates Unemployed: /    /    To:    /    /	Address While Unemployed:	Reason:

## Education and Training

Name of High School	Location (City/State):	Number of Years Attended:				Did You Graduate or Obtain GED?
		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of College, University, or Technical School Attended	Location (City/State):	Years Completed:	Did You Graduate?		Major <b>and</b> Degree:	
		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of License and/or Certificate:		Date Obtained:			Expiration Date:	

## Skills

<input type="checkbox"/> Customer Service (in a Call Center) # of years ____	<input type="checkbox"/> Microsoft Word # of years ____
<input type="checkbox"/> Customer Service (outside of a Call Center) # of years ____	<input type="checkbox"/> Microsoft Excel # of years ____
<input type="checkbox"/> Sales Experience # of years ____	<input type="checkbox"/> Microsoft Access # of years ____
	<input type="checkbox"/> Typing WPM ____
Please state any other qualifications and experience that would qualify you for the position:	

## Professional References

Please provide the names of three business references not related to you whom you have known for at least one year.

Name:	Telephone Number: ( )	City/State:	Occupation/Co. Name:	Yrs Known:
Name:	Telephone Number: ( )	City/State:	Occupation/Co. Name:	Yrs Known:
Name:	Telephone Number: ( )	City/State:	Occupation/Co. Name:	Yrs Known:

## Signature

**ProCaps Laboratories is a drug-free environment. All applicants must pass a drug test prior to employment.**

I certify that the facts and information given in this application, in any attachments or supporting documents, and in any interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when or how discovered.

I authorize the investigation of all matters that ProCaps Laboratories (the "Company") deems relevant to my qualifications for employment, including all statements made in this application and any attachment or supporting documents, and in any interviews. I authorize the Company to request and receive such information and I release from all liability any persons (such as current or former supervisors, coworkers, etc.) employers and other entities (schools, etc.) supplying it. I also release the Company from all liability that might result from conducting the investigation.

I understand that neither this document nor any verbal promise(s) made by employer or representative employees may be constituted as an employment contract. I understand that I may resign or be terminated, without cause or notice, at any time and for any reason, unless otherwise stated in an employment contract. I also understand the Company's president is the **only** person who will **ever** have the authority to agree to any other terms of employment and/or enter into such contracts and that all such agreements for other terms of employment or contracts must be in writing and signed by both parties. I also understand that unless otherwise stated in an employment contract, the Company may, in its sole discretion, change, withdraw and interpret **other** policies (including wages, hours and working conditions) as it deems appropriate.

I understand that I may be required to submit to pre- or post-employment physical or other professional examination, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. **Important:** *This means that with very few exceptions, an employee may be required to submit to drug and alcohol testing in several different circumstances. Ask to see a copy of our employee drug and alcohol policy if you have any questions.* I agree to such examinations, inquiries and/or testing at the Company's expense. I authorize release of the results to the Company and their use to evaluate my suitability for employment. I also release the Company from all liability arising out of or connected with any examination, inquiries and/or testing.

If I accept employment with the Company, I consent to monitoring by video cameras while I am on Company premises, and to having my telephone calls, e-mail and other electronic communications using Company systems accessed, monitored and disclosed for any business purpose. If I accept employment with the Company, I also agree to consent to the Company's conducting of employment discrimination and/or harassment investigations that may involve me; I understand that, if I fail to allow such an inquiry, I may be subject to discipline, up to and including immediate termination of employment.

If I accept employment with the Company, I agree that if the Company advances money or other things of value to me, or I otherwise become financially indebted to the Company, I will repay that indebtedness. I also agree that any amounts due from me to the Company at the time of termination may be offset against any wages or other money owed to me, and deducted from my paycheck(s), to the extent allowed by law.

I understand that this application is the property of ProCaps Laboratories and will be kept on file for a period of no less than one year from the date of application. Should I become an employee of the Company, I understand that this application will become part of my Personnel File and will be retained in accordance with the Company's Records Retention Policy.

I understand and agree that if I am hired, the statements in these paragraphs will become a binding part of my employment relationship with ProCaps Laboratories. I have read each of these statements. I have also reviewed all of the information provided in this application and any attachments or supporting documents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date