

Application for Employment

(Must be completed even if attaching a resume)

Name (Last, First, Middle) _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Alternate Phone # _____ Email Address _____

Emergency Contact _____ Emergency Contact Phone # _____

Date available: _____ part-time / full-time (circle one)

Position applying for: _____

Corporate Healthcare Staffing H.I.M. Lab Support Clinical Research Engineering Allied Travel

Circle the days you are willing to work: All M T W Th F S Su

Circle the shifts you are willing to work: All Days Afternoons Nights

How far are you willing to commute? _____ miles/minutes (circle one)

What form of transportation will you use to get to work? Car Bus Other

How were you referred to us? Advertising Agency Friend/Relative Walk-in Other _____

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

As a condition of employment, you may be required to take and pass a drug and/or alcohol screen.

Testing will be done at the company's expense and administered by a testing facility designated by the company. Results of any testing will be kept strictly confidential. If requested, are you willing to take the drug and/or alcohol screen?

Yes No

Employment History

(List in order, most recent first)



From	To	Company	Position Held	Salary
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Company Address	City	State	Zip
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May we contact? Yes No

Immediate Supervisor	Business Phone
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Pertinent Duties

Reason for Leaving

From	To	Company	Position Held	Salary
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Company Address	City	State	Zip
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May we contact? Yes No

Immediate Supervisor	Business Phone
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Pertinent Duties

Reason for Leaving

From	To	Company	Position Held	Salary
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Company Address	City	State	Zip
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May we contact? Yes No

Immediate Supervisor	Business Phone
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Pertinent Duties

Reason for Leaving

Education:

High School*	Major/Discipline
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*Please do NOT note the year high school diploma was received.

College or University	Year Received	Major/Discipline
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College or University	Year Received	Major/Discipline
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I certify that the information provided on this application is accurate. I understand that the withholding of information or the giving of false information on this application will result in a refusal to hire or disciplinary action up to and including termination. Furthermore, I grant permission to any person, firm, corporation, or educational institution to release to On Assignment, Inc. any and all information regarding my past employment, background, credit history or education. On Assignment is an Equal Opportunity Employer. All applicants are considered for employment regardless of age, race, gender, religion, national origin, disability, marital status, or any other factor prohibited by law. I understand and agree that if I am offered employment by the company, it will be on an at-will basis. This means that either I or the company may terminate the employment relationship at any time, for any reason, with or without cause. I also understand and agree that only an officer of the company can enter into an agreement on any other terms and he/she can only do so in writing signed by him/her and me. I have read the above before signing this application.

Applicant's Signature

Date

"On Assignment" includes On Assignment Staffing Services, Inc., On Assignment, Inc., Assignment Ready, Inc. and/or its divisions and affiliated companies.

OA224RE 08/10