



## Specialized Skills (check skills/equipment proficient in use)

___ Apple Macintosh	___ PC	___ 10-key	___ Typing/Word Processing; ___ wpm
___ Microsoft Word	___ Excel/Lotus	___ Phone Reception; how many lines: ___	
___ PhotoShop	___ Powerpoint	___ Fax Machine	___ Shipping/Receiving
___ Design software (e.g., FreeHand; PageMaker; etc.); please specify: _____			
___ Database software (e.g., FileMaker, 4D); please specify: _____			

## Employment History (please list work experience, including military and volunteer experience)

Present or Last Employer:			
Address:		Phone: (    )	
Start Date:	End Date:	Supervisor:	Rate of Pay: \$
Job Title & Responsibilities:			
Why did you leave?		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Employer:			
Address:		Phone: (    )	
Start Date:	End Date:	Supervisor:	Rate of Pay: \$
Job Title & Responsibilities:			
Why did you leave?		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Employer:			
Address:		Phone: (    )	
Start Date:	End Date:	Supervisor:	Rate of Pay: \$
Job Title & Responsibilities:			
Why did you leave?		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Employer:			
Address:		Phone: (    )	
Start Date:	End Date:	Supervisor:	Rate of Pay: \$
Job Title & Responsibilities:			
Why did you leave?		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	

*(if you need additional space, please use a separate sheet of paper)*

## Personal References

1)	_____	_____	_____	_____
	(Name)	(phone)	(occupation)	(how long known)
2)	_____	_____	_____	_____
	(Name)	(phone)	(occupation)	(how long known)

**Job Requirements:** Will you be able to perform the essential functions of the job, with or without reasonable accommodation?  Yes  No

**Foreign Languages** (speak, read and/or write): \_\_\_\_\_

**Describe any additional training, skills, qualifications which are pertinent to the position:**

--

## Applicant's Statement

1. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false, misleading or incomplete statements on this application shall be grounds for dismissal.
2. I authorize PhenoPath to investigate information concerning my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.
3. I understand and agree that if I am employed at PhenoPath, my employment and compensation may be terminated at any time without prior notice, with or without cause, at the option of PhenoPath or myself, and understand that no representative of PhenoPath, other than the Medical Director, has authority to enter into any agreement contrary to the foregoing.
4. I understand that if I am employed at PhenoPath, all PhenoPath property must be returned and any indebtedness to PhenoPath must be paid on or before my last day of employment. I authorize PhenoPath to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date