

CALIFORNIA FORENSIC PHLEBOTOMY, INC.

5753 E. Santa Ana Cyn Road Ste G-553
Anaheim Hills, CA 92807
(949) 309-2459
(949) 203-2133 FAX

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

Please Print

____/____/____ _____ _____ _____
Date Last Name First Name Middle

Present Address

No. & Street _____ City _____ State _____ Zip _____

Permanent Address if different from present address

No. & Street _____ City _____ State _____ Zip _____

() _____
Business Phone

() _____
Home Phone

Email Address

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work?..... ☐ Yes ☐ No

Regular part-time work? ☐ Yes ☐ No

Temporary work, e.g., summer or holiday work?..... ☐ Yes ☐ No

What days and hours are you available

for work?

If applying for temporary work, during what period of time will you be available?

From:

Are you available for work on weekends? ☐ Yes ☐ No

Would you be available to work overtime, if necessary? ☐ Yes ☐ No

If hired, on what date can you start work? / /

Salary desired:

Personal Information

Have you ever applied to or worked for CFP before? ☐ Yes ☐ No

If yes, when? _____

Do you have any friends or relatives working for CFP?..... ☐ Yes ☐ No

If yes, state name(s) and relationship:

Name

Relationship

Name

Relationship

Why are you applying for work at CFP?

If hired, would you have a reliable means of transportation to and from work? ☐ Yes ☐ No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) ☐ Yes ☐ No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ☐ Yes ☐ No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) ☐ Yes ☐ No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed?..... ☐ Yes ☐ No

If so, may we contact your current employer? ☐ Yes ☐ No

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____ Address _____ City _____ State _____ Zip _____ - _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip _____ - _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	Name _____ Address _____ City _____ State _____ Zip _____ - _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care	Name _____ Address _____ City _____ State _____ Zip _____ - _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? ☐ Yes ☐ No

If yes, which languages(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at CFP? ☐ Yes ☐ No

If so, please explain:

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Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? ☐ Yes ☐ No

Name of license/certification: _____

Issuing state: _____

License/certification number _____

Has your license/certification ever been revoked or suspended? ☐ Yes ☐ No

If yes, state reason(s), date of revocation or suspension and date of reinstatement.

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

_____ Name of Employer	() _____ Telephone No.
_____ Type of Business	_____ Your Supervisor's Name
_____ Address & Street	_____ City
	State Zip - _____
Date of Employment: / / From To / /	Weekly Pay: Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? ☐ Yes ☐ No

_____ Name of Employer	() _____ Telephone No.
_____ Type of Business	_____ Your Supervisor's Name
_____ Address & Street	_____ City
	State Zip - _____
Date of Employment: / / From To / /	Weekly Pay: Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? ☐ Yes ☐ No

Name of Employer	()	Telephone No.
Type of Business	Your Supervisor's Name	
Address & Street	City	State Zip
Date of Employment:	Weekly Pay:	
From / / To / /	Starting Ending	
Your Position and Duties		
Reason for Leaving		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Employer	()	Telephone No.
Type of Business	Your Supervisor's Name	
Address & Street	City	State Zip
Date of Employment:	Weekly Pay:	
From / / To / /	Starting	Ending
Your Position and Duties		
Reason for Leaving		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Note: Attach additional page(s) if necessary.

Military Service

Have you obtained any special skills or abilities as the result of service in the military? ☐ Yes ☐ No
If so, describe:

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____ First Name	_____ Last Name	(____)_____ Telephone No
_____ Address & Street	_____ City	_____ State ____ Zip - ____
_____ Occupation	_____ No. of Years Acquainted	

_____ First Name	_____ Last Name	(____)_____ Telephone No
_____ Address & Street	_____ City	_____ State ____ Zip - ____
_____ Occupation	_____ No. of Years Acquainted	

_____ First Name	_____ Last Name	(____)_____ Telephone No
_____ Address & Street	_____ City	_____ State ____ Zip - ____
_____ Occupation	_____ No. of Years Acquainted	

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Initials

I understand that employment with the company is on an at-will basis. Employment at-will may be terminated with or without cause and with or without notice at any time by employee or the company. No manager, supervisor, or employee of the company has the authority to enter into an agreement for employment for any specified period or time or to make an agreement for employment on other than at-will terms. Only the president of the company has the authority to make any such agreement, which is binding only if it is in writing.

Date

Applicant's Signature