

**APPLICATION FOR EMPLOYMENT**  
**PREMIER LAB SUPPLY, INC.**



*"An Equal Employment opportunity Employer M/F/D/V"*

**Mail:**

Premier Lab Supply, Inc.  
Human Resources  
691 NW Enterprise Drive  
Port St Lucie, FL 34986

**E-mail:** [jobs@premierlabsupply.com](mailto:jobs@premierlabsupply.com)

**Phone:** (772) 873-1700

**Fax:** (772) 873-1800

**APPLICANT INSTRUCTIONS**

If you need help filling out this application form or for any phase of the employment process, please notify us and every effort will be made to accommodate your needs.

Your application will not be considered if incomplete. Read and sign this application.

DO NOT complete this application if you have applied in the last 12 months. You may, however, renew (update) the application already on file.

**GENERAL**

Name:

Last:

First:

Middle Initial:

Present address (street OR mailing):

(City)

(State)

(Zip)

Social Security No:

Home phone:

Business phone:

( )

( )

Position for which you are applying:

Starting salary required:

\$ \_\_\_\_\_ per  hour or  year

Are you interested in:

If accepted, when can you start?

Full-time employment or  Part-time employment

Are you related to a Premier Lab Supply director or employee?

No  Yes If so, list names and relationships:

By whom were you referred?

Are you at least 18 years of age?

Yes  No

The Company will hire only U.S. citizens and aliens lawfully authorized to work in the U.S.

Are you a U.S. citizen?  Yes  No

If not a U.S. citizen, are you lawfully authorized to work in the U.S.?  Yes  No

Have you been convicted of a felony or drug-related offense within the last 7 years?  Yes  No

(This information will be reviewed for job relatedness and will not necessarily disqualify an applicant from employment.)

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been given a job opening announcement that states the essential requirements of the position, or have the essential requirements been explained to you?  Yes  No

Are you capable of performing, with or without reasonable accommodation, the essential functions of the job for which you have applied?  Yes  No

## EMPLOYMENT

List below all present and past employment, beginning with your most recent, including military service. If more than 3 past employers, please continue on an additional sheet.

Company Name and Address:

Title:

Telephone Number:

Type of Business:

Duties:

Starting Salary:

Ending Salary:

From (Month/Year):

To (Month/Year):

\$

\$

/

/

Name of Supervisor(s):

Reason for Leaving:

Company Name and Address:

Title:

Telephone Number:

Type of Business:

Duties:

Starting Salary:

Ending Salary:

From (Month/Year):

To (Month/Year):

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Name of Supervisor(s):

Reason for Leaving:

Company Name and Address:

Title:

Telephone Number:

Type of Business:

Duties:

Starting Salary:

Ending Salary:

From (Month/Year):

To (Month/Year):

\$

\$

/

/

Name of Supervisor(s):

Reason for Leaving:

May we contact employers listed above?  Yes  No

If not, indicate which one(s) you do not wish us to contact:

\_\_\_\_\_

## EDUCATION

If your school records are under a different name, please enter that name: \_\_\_\_\_

**High School** (name and address):

Years completed:

Did you graduate?

Yes  No

**College** (name and address):

Years completed:

Did you graduate?

Yes  No

List diploma or degree:

Course of study (major/minor):

**Other** (name and address):

Years completed:

Did you graduate?

Yes  No

Are you attending school or taking courses now?  Yes  No

If yes, where?

List scholastic honors:

## SKILLS & ABILITIES

**If applicable to the position** for which you are applying, indicate your skills and abilities in the following areas:

Do you have an appropriate valid driver's license?  Yes  No

Typing: \_\_\_\_\_ words per minute      Shorthand: \_\_\_\_\_ words per minute

Equipment operated (word processing, computer, power plant, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL REFERENCES

Do not refer to previous employers or relatives. Include only individuals familiar with your work ability.

NAME	ADDRESS (street, city, state, zip)	YEARS KNOWN	OCCUPATION
1.			
2.			
3.			

**REMARKS**

Please add any statements which you feel may help to clarify answers to the questions in this application. Also, you may add job-related volunteer activities or knowledge, skills and abilities as they relate to the job for which you are applying. (You may exclude information which would reveal race, religion, age, disability or other protected status.)

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**PLEASE READ CAREFULLY**

**PREMIER LAB SUPPLY, INC. is an employment-at-will employer.**

*I certify that the facts contained in this application are true and complete. I understand that falsified statements on this application shall be considered as sufficient cause for discharge.*

*I understand that any offer of employment made by Premier Lab Supply is contingent upon the satisfactory results of a medical examination and a drug screen, if required.*

*I agree to conform to the rules, regulations and policies of the Company and acknowledge that these rules, regulations, policies and any other terms and conditions, including benefits, may be changed by the Company at any time and without prior notice to me. I further acknowledge and agree that my employment may be terminated, with or without prior notice, at any time, at the will of the Company or me, with or without cause.*

*No representative or employee of the Company, with the exception of the President and CEO, has the authority to enter into any contract or agreement to the contrary, and then only if such commitment is in a written document signed by the President and CEO and the employee.*

*This application will be maintained in the Company's active files for three months only, unless renewed.*

*I acknowledge that I have read and understand these terms.*

Date:

Signature: