



**Premier
Laboratory, LLC**

AN EQUAL OPPORTUNITY EMPLOYER

Premier Laboratory, LLC
 61 Louisa Viens Drive
 Dayville, CT 06241
 FAX: 860-774-2689
 In CT: 800-932-1150
 860-774-6814 800-334-0103

**Application
for
Employment**

To help us learn about your experience, abilities and interests, please complete this Application for Employment as thoroughly as possible. We will review your qualifications and will make every effort to reach a decision, based on merit, as quickly as possible.

| FOR OFFICE USE ONLY | |
|--------------------------------------|---|
| <input type="checkbox"/> Interviewed | Placement <input type="text"/> <input type="text"/> |
| License | <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Other |

Personal Data

Please Print in Dark Ink or Type

Date _____

 Last Name First Name Middle Initial

 Present Address Street

 City State Zip Code

 Telephone Area Code Number

 Social Security Number

Are you known to schools/references by any other name? Yes No

If so, by what name? _____

 Permanent Address Street
 (Leave blank if same as present address)

 City State Zip Code

 Telephone Area Code Number

Your Job Requirements

Kind of work desired _____

The following conditions may be requirements for specific job classifications, or may be required at some point in job assignment. If required, would you be willing to work:

Shift Work Yes No
 Overtime Work Yes No

Rotational Work Schedule Yes No
 Work Schedule Other Than Monday through Friday Yes No

Check appropriate box for type of employment desired:

Full-Time Part-Time Temporary Summer

When could you be available to begin work? _____

Employment Experience

Please list your employment history for the past TEN years (or last FIVE employers). START WITH YOUR PRESENT STATUS and note any periods in which you WERE NOT employed.

Include U.S. military service (show rank/rate at discharge but not dates of service; or type or date of discharge), previous experience, summer/part-time jobs, and cooperative education assignments.

| Company Name and Address | Dates Employed Month Year | Base Rate of Pay | Position, Title, and Description of Duties | Reason for Leaving |
|-----------------------------|------------------------------|-----------------------------|--|--------------------|
| Supervisor: Company Name | From | Starting | | |
| Address | To | \$ _____ Per _____ Final | | |
| Supervisor: Company Name | From | Starting | | |
| Address | To | \$ _____ Per _____ Final | | |
| Supervisor: Company Name | From | Starting | | |
| Address | To | \$ _____ Per _____ Final | | |
| Supervisor: Company Name | From | Starting | | |
| Address | To | \$ _____ Per _____ Final | | |
| Supervisor: Company Name | From | Starting | | |
| Address | To | \$ _____ Per _____ Final | | |

Do you have any objections to our contacting your present employer to verify the above?

No you may contact anytime

Area Code

Number

Do not contact now. You may contact at a later date. (Please specify: e.g., after acceptance of offer or a specific date if appropriate).

Education and Training

Please complete all appropriate items

| Type of School | Name and Address of School | Highest Grades Completed | Type of Degree, Diploma or Certificate and Major/Minor Fields of Study | Academic Standing Grade Average out of Base (e.g. 3.2/4.0) |
|--|----------------------------|--------------------------|--|--|
| High School (Last Attended) | | | | |
| All Vocational Schools, Technical Institutes and Junior Colleges | | | | |
| All Colleges or Universities | | | | |
| Other Training Include Military Schools and Equivalency Diplomas | | | | |

Please indicate any PROFESSIONAL or TRADE LICENSE which you hold, and SPECIAL SKILLS you possess:

General Information

Please check if you are

18 or under (indicate age _____)

Have you ever previously applied to been employed by this company?
If so, please check appropriate box and specify dates and type of work performed or requested.

If you wish to indicate that you were referred by any of the following, please specify:

Employment Advertisement
(Name of Publication)

Employment Agency
(Name of Agency)

Other (e.g., State Employment Service, Placement Office, etc.)

Do you have any commitments to another employer or organization which might affect your employment with us?

NAME(S) OF RELATIVE(S) employed by this company.

Do you have any physical condition or disability which may limit your ability to perform the particular job for which you are applying? Yes No

Do you have any physical defects which preclude you from performing certain kinds of work? _____ If yes, describe such defects and specific work limitations.

Have you been convicted of a crime which has not been annulled or sealed by a court? (DO NOT INCLUDE arrests without convictions, convictions adjudged "youthful offender," or convictions for drunkenness, simple assault, speeding, minor traffic violations, or disturbance of the peace.) IF YES, please briefly describe the circumstance of your conviction indicating the date, nature, and place of the offense and disposition of the case.

Yes No

Name, address and telephone number of person to be notified in case of emergency.

Please read the following statements carefully; they constitute the conditions under which you might be employed.

1. The information that I have provided on this application is accurate to the best of my knowledge and subject to validation by PREMIER LABORATORY.
2. I authorize the persons, schools, current employer (if approved by me in the Employment Experience section) and other organizations or employers named in this application to provide PREMIER LABORATORY with any relevant information that may be required to arrive at an employment decision.
3. I UNDERSTAND AND AGREE to accept the following conditions of employment:
 - a) Any misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination of employment by PREMIER LABORATORY or any of its subsidiaries.
 - b) I understand that all offers of employment are contingent upon the passing of a comprehensive physical examination which may include drug/alcohol screening.
 - c) I hereby release PREMIER LABORATORY or any of its subsidiaries from any liability concerning loss, theft or damage to my personal property.
 - d) Employment and compensation may be terminated with or without notice or cause at any time at the option of either the Company or the employee. Any agreement to the contrary must be in writing and signed by the President of the Company, or an Officer designated by the President in writing to enter into such an agreement.

Signature of Applicant _____

Date _____

APPLICANT

DO NOT WRITE IN THIS SPACE - FOR INTERVIEWER'S USE.

| Interviewer | Date | Comments |
|-------------|------|----------|
| | | |
| | | |
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