

4. Name of Next Previous Employer				Address		Telephone		Type of Business	
Dates Employed			Rate of Pay		Reason for Leaving			Supervisor's Name and Title	
From		To		Starting	Ending				
Mo.	Yr.	Mo.	Yr.						
List the jobs you held, duties performed, skills used or learned, advancements or promotions.									

Have you ever been convicted of a felony or misdemeanor offense? Yes ___ No ___ (A conviction will not necessarily disqualify an applicant.)
 If yes, please explain: _____

Are you over 18 years of age? Yes ___ No ___

Are you authorized to work in the United States? Yes ___ No ___
 (Federal Law requires proof of identity and employment authorization for all new employees.)

EDUCATION (Circle last year completed)					SCHOOL NAME	MAJOR SUBJECTS
High School	1	2	3	4	_____	_____
College	1	2	3	4	_____	_____
Other job-related education					_____	

This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, educational institutions, custodians of official records or other sources. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.

I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug and alcohol test and background check.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. **I understand and acknowledge that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract.** I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

Date

Signature of Applicant

Date

Signature of Witness

BACKGROUND RESEARCH WAIVER

Employee Authorization

By my signature below, I hereby authorize *American Diagnostics Corp.* of Ada County to obtain public information from any available third party regarding my personal history. I also hereby authorize *American Diagnostics Corp.* of Ada County to report the results of any public information search to the employer listed below.

I understand that the information obtained from a third party will be obtained from public records using personal information that I have provided to the employer or *American Diagnostics Corp.* of Ada County and recorded on this *Waiver* form.

I understand that *American Diagnostics Corp.* of Ada County does not attest to the accuracy of any public information obtained from a third party. I understand that it is my responsibility to contact the originating source of the information to contest the accuracy of information provided in any public record. I further understand that I have a right to obtain a copy of any background reports obtained on me by *American Diagnostics Corp.* of Ada County. Copies may be requested from the employer or by written request to *American Diagnostics Corp.* of Ada County at the following address: **3172 Overland Road, Boise, ID 83705**

I hereby waive my rights to any legal recourse against and hold harmless *American Diagnostics Corp.* of Ada County and it's assigns and successors for any action taken by the employer based on the public background information provided the employer by *American Diagnostics Corp.* of Ada County.

I hereby attest that the following information is correct. I authorize American Diagnostics Corp. of Ada County to perform background search(es) and to report the obtained information to the employer.

THE FOLLOWING INFORMATION TO BE PROVIDED BY JOB APPLICANT

Printed Name: _____ Signature: _____ Date: _____

Soc. Sec. #: _____ Male ___ Female ___

Please provide your addresses for the past seven years: Include street address, city, state & zip
Attach a signed page, if necessary.

Current Address: _____ How long? _____
Prev. Address: _____ How long? _____
Prev. Address: _____ How long? _____
Prev. Address: _____ How long? _____

THE FOLLOWING INFORMATION TO BE PROVIDED BY EMPLOYER

EMPLOYER NAME: **AMERIBEN SOLUTIONS** **Telephone: 947-3177**

EMPLOYER SIGNATURE: _____

Report by: Email

Background searches to be performed:

SSN Verification _____
Credit Report _____
Statewide *Felony* convictions _____ List State(s) to search: _____
County *Misdemeanor* Convictions _____ List County(ies) to search: _____

FAX THIS COMPLETED FORM TO AMERICAN DIAGNOSTICS AT (208) 345-6024