



LUBBOCK LOCATION

410 N. Utica Ave, Lubbock, TX 76416
Phone: (806) 687-7284
Fax: (806) 687-7255

Mail, Fax or Deliver

DALLAS LOCATION

6060 N. Central Expressway, Ste. 262
Dallas, TX 75206
Phone: (469) 232-9920
Fax(469)232-9927

Employment Application

Please answer all of the questions completely and accurately. Prospective employees will receive consideration without discrimination based on race, color, age, sex, national origin, disability, veteran status or any condition prescribed by federal, state, or local law.

Name (Last, First, Middle):	Date:
Address:	Phone 1:
City, State, Zip:	Phone 2:
Email Address:	Date Available:

How did you hear about organization or this position?						
Position/s Desired: _____					Wage Desired:	
Location/s Desired: <input type="checkbox"/> Lubbock <input type="checkbox"/> Dallas						
What type of schedule(s) can you work? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN (As needed)						
What shift(s) are you willing to work? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends						
What hours are you available to work?						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
to	to	to	to	to	to	to
Will you be able to work overtime if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you willing to accept employment which requires you to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you provide verification that you are legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with Mattison Pathology, L.L.P. dba Avero Diagnostics? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please complete the following:
Dates: _____
Position/s: _____
Reason for Leaving: _____
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe in full:

Education Record:

High School	High School Graduate	High School Equivalency/GED
Name: _____ City: _____ State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

College/Technical/Professional School	Did you Graduate?	Course of Study/Major:
Name: _____ City: _____ State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Degree: _____	
Name: _____ City: _____ State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Degree: _____	
Name: _____ City: _____ State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Degree: _____	

Licenses/Certifications/Registries	Expiration Date:	Disciplinary Action?
Name: _____ Number: _____ Issued by: _____ State of Issue: _____	Date: _____	Has a disciplinary action ever been taken against you as it relates to this License, Certification or Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Number: _____ Issued by: _____ State of Issue: _____	Date: _____	Has a disciplinary action ever been taken against you as it relates to this License, Certification or Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No

List any other job related skills or training that demonstrate your qualifications for this position (language ability, equipment/machinery, clinical, technical, computer, seminars, workshops, special training or special achievements):

Employment History

Instructions: List current or most recent employer first. Include all employment, temporary, military or volunteer services, including position which may not relate to the position/s for which you are applying. Please provide thorough and accurate information, explaining any gap(s) in employment (attach additional page if needed).

Company:	Phone:	From: (Mo/Yr)	To:(Mo/Yr)
Address, City, State, Zip:	Supervisor:	Salary From:	Salary To:
Title:	Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, post job offer	
Summary of work performed:			
Reason for leaving:			
Company:	Phone:	From: (Mo/Yr)	To:(Mo/Yr)
Address, City, State, Zip:	Supervisor:	Salary From:	Salary To:
Title:	Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, post job offer	
Summary of work performed:			
Reason for leaving:			
Company:	Phone:	From: (Mo/Yr)	To:(Mo/Yr)
Address, City, State, Zip:	Supervisor:	Salary From:	Salary To:
Title:	Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, post job offer	
Summary of work performed:			
Reason for leaving:			

Personal References

1.	Name:	
	Company/Job Title:	
	Relation:	
	Phone:	
2.	Name:	
	Company/Job Title:	
	Relation:	
	Phone:	
3.	Name:	
	Company/Job Title:	
	Relation:	
	Phone:	

PLEASE READ AND UNDERSTAND THESE STATEMENTS BEFORE SIGNING YOUR APPLICATION:

- I hereby certify that the information I have provided in this Application for Employment is true, correct and complete and I agree and understand that any false, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed (regardless of the time of discovery), cause for immediate termination of my employment.
- I authorize Mattison Pathology, L.L.P dba Avero Diagnostics to contact and obtain information about me from previous employers, educational institutions and references I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.
- I consent to a criminal history background check. I also consent to a driving record and/or credit check if this is a requirement for the position I am applying for.
- This application will expire in 90 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.
- I understand that this application is not an employment agreement. If I accept an offer of employment, I understand that the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an Officer of Mattison Pathology, L.L.P. dba Avero Diagnostics, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I have read and fully understand and accept all terms and conditions of the above statements.

Signature of Applicant: _____ **Date:** _____