



**Hardy Diagnostics**  
 1430 W. McCoy Lane  
 Santa Maria, CA 93455  
 (805) 346-2766  
 (805) 346-2760 FAX

## APPLICATION FOR EMPLOYMENT

Hardy Diagnostics is an equal opportunity employer dedicated to a policy of non-discrimination in hiring or during employment on any basis, including race, marital status, color, age, sex, religion, national origin, the presence of a non job-related disability or medical condition, or any other legally protected status.

<b>PERSONAL INFORMATION</b>		Date:
Full Name:		Telephone: (    )
Address:		Cell: (    )
City:	State:	Zip:
Email:		
List other names under which employment, educational or other references may be verified (provide dates during which each name was used):		
<b>PLEASE INDICATE A SPECIFIC JOB OR POSITION BELOW</b>		Have you ever worked for us before? Yes ___ No ___ If yes, when?
Position applying for:	Salary Desired:	
Are you applying to work:	Full Time? ___	Part Time? ___      Temporary? ___
When are you available to start?	Days and hours available:	
Would you be able to work overtime, if necessary? Yes ___ No ___	Are you presently employed? Yes ___ No ___	
Do you have any commitments (including those to other employers or organizations) which might affect your employment with us? Yes ___ No ___    If yes, please explain:		
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 at least 18 years old? Yes ___ No ___		Note: If under 18, hire is subject to verification that you are of minimum legal age
Are you able to perform essential functions of the job for which you are applying? Yes ___ No ___		Note: Hardy Diagnostics complies with the Americans with Disabilities Act and will consider <i>reasonable accommodation</i> measures that may be necessary for eligible applicants / employees to perform essential functions. Hire may be subject to passing a medical examination, skill and agility tests.
If no, describe functions that cannot be performed:		
Have you ever been convicted of a felony or misdemeanor? Yes ___ No ___ (Convictions for marijuana-related offenses more than two years old need not be listed.)		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.		
Do you have any friends or relatives working for Hardy Diagnostics? Yes ___ No ___    If yes, state name(s) and relationship:		
Referred by:	Advertisement	Other      Hardy Employee      Web Site      Agency
<b>ACADEMIC HISTORY</b>		
High School:	City:	State:
Grade Point Average:	Graduate?	If no, number of years attended:
Specialized Course of study:		
College or University:	No. of years completed:	
Location:	Grade Point Average:	
Field of Specialization:	Degree Conferred:	Date:

**ACADEMIC HISTORY** continued

Other training, including self study, on-the-job training, company training, adult education courses, military training or other college or university attendance (indicate dates and location of all items listed):

**LICENSES, CERTIFICATION, AWARDS** Please list any job-related licenses, certification or awards you have received:**CLERICAL SKILLS** Please indicate training, experience, or skill level with the following:

Typing WPM:

Ten Key WPM:

List computer programs you are able to utilize and level of proficiency (beginner, average, expert):

Other related skills:

Please add any information which you feel may be helpful to us in considering your application, including special skills, experience, abilities, interests, or ambitions:

**EMPLOYMENT HISTORY** This section must be completed, even if you attach a resume. List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. Attach additional sheet if necessary.

Employer:

Dates of Employment - From:

To:

Address:

Base Salary or Wage - Start:

End:

Supervisor:

Telephone: ( )

Job Title:

Reason for Leaving:

Nature of Duties:

May we contact you at your present place of employment?

May we contact your present employer for references?

Employer:

Dates of Employment - From:

To:

Address:

Base Salary or Wage - Start:

End:

Supervisor:

Telephone: ( )

Job Title:

Reason for Leaving:

Nature of Duties:

Employer:		Dates of Employment - From:	To:
Address:		Base Salary or Wage - Start:	End:
Supervisor:		Telephone: ( )	
Job Title:	Reason for Leaving:		
Nature of Duties:			
Employer:		Dates of Employment - From:	To:
Address:		Base Salary or Wage - Start:	End:
Supervisor:		Telephone: ( )	
Job Title:	Reason for Leaving:		
Nature of Duties:			
Employer:		Dates of Employment - From:	To:
Address:		Base Salary or Wage - Start:	End:
Supervisor:		Telephone: ( )	
Job Title:	Reason for Leaving:		
Nature of Duties:			
<b>REFERENCES</b> List three persons not related to you who have knowledge of your work performance within the last three years.			
Name:		Years Acquainted:	
Day Phone: ( )	Evening Phone: ( )		
Relationship to applicant:		Occupation:	
Name:		Years Acquainted:	
Day Phone: ( )	Evening Phone: ( )		
Relationship to applicant:		Occupation:	
Name:		Years Acquainted:	
Day Phone: ( )	Evening Phone: ( )		
Relationship to applicant:		Occupation:	

## CERTIFICATION

**Please read the following statements carefully, initial each paragraph and sign below.**

\_\_\_\_\_ 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.

\_\_\_\_\_ 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 here by 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.

\_\_\_\_\_ I understand and acknowledge that employment with Hardy Diagnostics is “at will” and 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.

\_\_\_\_\_ I acknowledge that I have voluntarily provided the above information for employment purposes, and I have carefully read and I understand this authorization.

\_\_\_\_\_ Hardy Diagnostics has an established Drug-Free Workplace Policy. All offers of employment are contingent upon passing a pre-employment drug test.

Signature of Applicant \_\_\_\_\_

Full Name \_\_\_\_\_  
(Print)

Date \_\_\_\_\_

