

Employment Application



Applicant Information

First Name	Middle Name	Last Name	
Address		City	State ZIP Code
Phone		Email Address	
Position Applied For	Date Available	Desired Salary (\$)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number		
Are you a citizen of the United States?..... If no, are you authorized to work in the U.S.?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for this company?..... If yes, when?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	
Have you ever been convicted of a felony? If yes, please explain:			
<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	

Education

Name of High School	Address
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Diploma (If Applicable)
Name of College	Address
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Diploma (If Applicable)
Other Education (If Applicable)	Address
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Diploma (If Applicable)

Military Service (If Applicable)

Branch	From	To
Rank at Discharge	Type of Discharge	
If Other Than Honorable Discharge, Please Explain		

References

Name of Contact 1	Company	Relationship
Address	Home/Cell Phone	
Name of Contact 2	Company	Relationship
Address	Home/Cell Phone	
Name of Contact 1	Company	Relationship
Address	Home/Cell Phone	

Employment

Company	Job Title	Dates Employed
Address	Phone	Starting and Ending Salary
Responsibilities		
Reason for Leaving	Supervisor	May we call your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company	Job Title	Dates Employed
Address	Phone	Starting and Ending Salary
Responsibilities		
Reason for Leaving	Supervisor	May we call your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company	Job Title	Dates Employed
Address	Phone	Starting and Ending Salary
Responsibilities		
Reason for Leaving	Supervisor	May we call your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No

Former Addresses

Address	Date Moved In	Date Moved Out
City	State	ZIP
Address	Date Moved In	Date Moved Out
City	State	
Address	Date Moved In	Date Moved Out
City	State	

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I am physically and mentally capable of performing the duties required for the position for which I'm applying.

If this application leads to employment, I agree that I may be discharged if Meridian Clinical Research, LLC at any time learns of falsification or material omission in the Information provided on this application for and any related documents.

Meridian Clinical Research, LLC may contact my former employers in connection with the consideration of my employment with them. All references are hereby authorized to release all information which they may have relevant to my employment with them. I hereby release Meridian Clinical Research, LLC, its affiliates, successors, and assigns, and all references from any liability that might be claimed because of information provided by such references.

I agree that I will follow all Company policies, rules, procedures, and all other directions pertaining to my employment. I understand that Meridian Clinical Research, LLC reserves the right to add, change, and/or delete any policies, procedures, work rules, and/or benefits at any time.

X _____
Applicant Signature **Date**

NOTE: No consideration of employment will be given to any applicant who does not sign the above statement. Additional personal information will be required to complete benefit forms after being hired. Thank you for showing an interest in pursuing a career with Meridian Clinical Research, LLC.