

# Employment Application



## Applicant Information

<b>First Name</b>		<b>Middle Name</b>		<b>Last Name</b>	
<b>Address</b>			<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>Phone</b>			<b>Email Address</b>		
<b>Position Applied For</b>			<b>Date Available</b>		
<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female			<b>Desired Salary (\$)</b>		
<b>Are you a citizen of the United States?.....</b> <i>If no, are you authorized to work in the U.S.?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 150px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
<b>Have you ever worked for this company?.....</b> <i>If yes, when?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">_____</span>					
<b>Are you willing to submit to a background check if conditionally offered a position?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

## Education

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

## Military Service *(If Applicable)*

<b>Branch</b>		<b>From</b>	<b>To</b>
<b>Rank at Discharge</b>		<b>Type of Discharge</b>	
<b>If Other Than Honorable Discharge, Please Explain</b>			

## References

<b>Name of Contact 1</b>	<b>Company</b>	<b>Relationship</b>
<b>Address</b>	<b>Home/Cell Phone</b>	
<b>Name of Contact 2</b>	<b>Company</b>	<b>Relationship</b>
<b>Address</b>	<b>Home/Cell Phone</b>	
<b>Name of Contact 3</b>	<b>Company</b>	<b>Relationship</b>
<b>Address</b>	<b>Home/Cell Phone</b>	

## Employment

<b>Company</b>	<b>Job Title</b>	<b>Dates Employed</b>
<b>Street Address</b>	<b>City, State, ZIP</b>	<b>Phone</b>
<b>Responsibilities</b>		
<b>Reason for Leaving</b>	<b>Supervisor</b>	<b>May we call your supervisor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Company</b>	<b>Job Title</b>	<b>Dates Employed</b>
<b>Street Address</b>	<b>City, State, ZIP</b>	<b>Phone</b>
<b>Responsibilities</b>		
<b>Reason for Leaving</b>	<b>Supervisor</b>	<b>May we call your supervisor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Company</b>	<b>Job Title</b>	<b>Dates Employed</b>
<b>Street Address</b>	<b>City, State, ZIP</b>	<b>Phone</b>
<b>Responsibilities</b>		
<b>Reason for Leaving</b>	<b>Supervisor</b>	<b>May we call your supervisor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

## Former Addresses

<b>Address</b>	<b>Date Moved In</b>	<b>Date Moved Out</b>
<b>City</b>	<b>State</b>	<b>ZIP</b>
<b>Address</b>	<b>Date Moved In</b>	<b>Date Moved Out</b>
<b>City</b>	<b>State</b>	
<b>Address</b>	<b>Date Moved In</b>	<b>Date Moved Out</b>
<b>City</b>	<b>State</b>	

## 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.*