

NOTICE TO ALL APPLICANTS

Thank you for your interest in the Metropolitan Medical Laboratory. Human Resources hours are 8:00 a.m. to 4:30 p.m. Monday through Friday (by appointment only – please no walk-ins).

It is the policy of our company to maintain a safe work environment. All job applicants will be asked to authorize a personal background investigation. Following the conditional job offer, prospective employees will be asked to submit to drug testing.

You may include a resume with your application; however, all information on the application must be completed. Processing your application may be stopped or delayed if information is missing or if information has been included which has not been requested.

Please mail the completed Employment Application along with the *completed* Notice & Authorization, and Personal History forms to:

Metropolitan Medical Laboratory, P.L.C.
Attention: Human Resources
1520 7th Street
Moline, Illinois 61265

Or, you may drop your application off at Metropolitan Medical Laboratory locations at:

1814 East Locust Street in Davenport, Iowa
1520 7th Street in Moline, Illinois

Applications are kept active for a period of three (3) months at which time it will be placed in an inactive file. If you wish to be considered for further employment openings, you may call to update your application. Please call Human Resources at 309-762-8555 extension 3424.

EMPLOYMENT APPLICATION



METROPOLITAN
MEDICAL
LABORATORY, PLC

QUAD CITIES PATHOLOGISTS GROUP, LLC
Quality You Expect...Service You Deserve

Metropolitan Medical Laboratory, PLC considers applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, or any other legally protected status.

PLEASE PRINT OR TYPE. INDICATING "SEE RESUME" ON THE APPLICATION DOES NOT CONSTITUTE A COMPLETED APPLICATION.

SECTION ONE: GENERAL

Last Name	Middle Name	First Name
Address:		City/State/Zip:
Social Security Number:		Email Address:
Telephone Number(s) – please include area code: Home: _____ Cell: _____		Compensation Desired: _____ per hour
Position(s) Applying For: (phlebotomist, specimen processing, clerical, billing, technical, client services, other)		

Work location preference:	___ Iowa	___ Illinois		
Check the primary shift(s) you are able to work?	___ First	___ Second	___ Third	
List, in order of preference, what shifts you would like to work? (1 = most preferred to 3 = least preferred, NO = unable)	___ First	___ Second	___ Third	
Are you available for rotating weekends and holidays?	___ YES	___ NO		
Check the primary hours/week you are interested in?	___ 40 hours/week	___ 30-39 hours/week	___ part-time (<29 hrs/wk)	___ casual (as needed)

RECRUITING INFORMATION:

How did you learn about this position? _____
Name of Metro employee who referred you to this position _____
Have you ever worked for Metropolitan Medical Laboratory, PLC? ___ YES ___ NO
If yes, Please note dates FROM: _____ (mo./yr.) TO: _____ (mo./yr.)
Dept. and/or Site worked at: _____
Supervisor: _____

METROPOLITAN MEDICAL LABORATORY, PLC IS TOBACCO-FREE IN ALL FACILITIES AND ON ALL GROUNDS OWNED BY THE COMPANY.

SECTION TWO: EMPLOYMENT INFORMATION

Start with your present or last job. You may include military service, volunteer activities, etc. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Supervisor's Name/Title/Phone Number:
Address:	City/State/Zip:
May we contact this employer?:	____ YES ____ NO
Dates Employed	FROM: _____(Month/Year) TO: _____(Month/Year)
Hourly rate of salary	STARTING: _____/hour ENDING: _____/hour
Job Title and position responsibilities:	
Reason for leaving:	

Employer:	Supervisor's Name/Title/Phone Number:
Address:	City/State/Zip:
May we contact this employer?:	____ YES ____ NO
Dates Employed	FROM: _____(Month/Year) TO: _____(Month/Year)
Hourly rate of salary	STARTING: _____/hour ENDING: _____/hour
Job Title and position responsibilities:	
Reason for leaving:	

Employer:	Supervisor's Name/Title/Phone Number:
Address:	City/State/Zip:
May we contact this employer?:	____ YES ____ NO
Dates Employed	FROM: _____(Month/Year) TO: _____(Month/Year)
Hourly rate of salary	STARTING: _____/hour ENDING: _____/hour
Job Title and position responsibilities:	
Reason for leaving:	

SECTION THREE: EDUCATIONAL PREPARATION

	Name and address of School	Course of Study	Years completed	Diploma or Degree
***High School				
***Undergraduate College				
***Graduate Professional				
***Other (Specify)				

*****PROFESSIONAL CERTIFICATIONS, LICENSES AND MEMBERSHIPS** _____

*****Information will be verified and copies or documentation is required.**

FOR VERIFICATION OF EDUCATIONAL ACCOMPLISHMENTS:

What name appears on your High School diploma? _____

What name appears on your College diploma? _____

SPECIALIZED SKILLS: (check skills you have experience or proficiency with.)

Clerical: _____ Keyboarding (indicate wpm): _____ wpm Software applications, _____ Word
 _____ Multi-phone lines _____ Excel
 _____ 10 key pad _____ Powerpoint

Medical: _____ Billing Other: please list: _____
 _____ ICD-9 Codes _____
 _____ Medical terminology _____

OTHER QUALIFICATIONS:

Summarize special job related skills and qualifications acquired from employment, military or other experience.

SECTION FOUR: OTHER INFORMATION

Have you ever been convicted of a crime? _____ YES _____ NO
 (Conviction record will not necessarily be a bar to employment.)
 If Yes, please explain: _____

Are you EITHER a U.S. citizen OR an alien authorized to work in the United States? _____ YES _____ NO
 (Proof of citizenship or immigration status will be required upon employment.)

Have you ever applied for a position with Metropolitan Medical Laboratory, PLC before? _____ YES _____ NO
 If YES, when? _____ What was the title of position you applied for? _____

Have you ever been discharged from any employer or asked to resign? _____ YES _____ NO
 If YES, please explain: _____

Please initial each paragraph and sign below:

_____ I hereby affirm that the information provided on this application is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

_____ I hereby authorize persons, schools, my current and previous employers as well as organizations named in this application to provide this company and all affiliates with any relevant information regarding an employment decision, and I release all such persons from any liability regarding the provisions or use of such information. I further understand that it becomes the property of Metropolitan Medical Laboratory, PLC and will not be returned. In addition, a signed copy of this authorization is as valid as the original and should be recognized as such.

_____ I understand that it is the policy of the company to perform both background investigation and drug testing on all applicants who are seriously being considered for employment. Refusal to participate will result in the rejection of my application. I also authorize Metropolitan Medical Laboratory, PLC to access my Motor Vehicle Record if I am being considered for a position involving driving for the company. This authorization will remain valid for the duration of my employment.

_____ In consideration of my employment, I agree to comply with the policies of the company. I understand that my employment is at-will and can be terminated at any time and for any reasons or for no reason, at the option of either the company or myself.

Signature of Applicant:	Date:
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FOR HUMAN RESOURCE USE:

Start Date:	Position Title:	Posting #:
Location:	Classification: <input type="checkbox"/> Full Time <input type="checkbox"/> Regular Part-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Temp	
Hours/Week:	Salary/Hour:	Employee Birth-date:
Shift:	Scheduled Hours:	Department:
Date Position Offered:	Date Drug Screen Completed:	Initials:
Date Fast Tracked:	Date Background Entered:	Initials:

NOTICE & AUTHORIZATION

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, _____, hereby consent and authorize Metropolitan Medical Laboratory, P.L.C. or its agents to prepare a consumer report and/or investigative consumer report on me. This disclosure and authorization will take effect immediately and will last throughout the term of your employment.

These reports may include, but are not limited to, employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security verification; present and former addresses; criminal and civil history/records; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to Per Mar Consulting & Investigative Group that is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. sec.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Metropolitan Medical Laboratory, P.L.C., by and through Per Mar Consulting & Investigative Group, including, but not limited to, any courthouse, any public agency, and all law enforcement agencies and any and all credit bureaus regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release Metropolitan Medical Laboratory, P.L.C., Per Mar Consulting & Investigations Group and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

This consumer report will be use for employment purposes as it is defined in the Fair Credit Reporting Act, section 603 (h). **In using a consumer report for employment purposes, before taking any adverse action based in whole or in part of the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates, a copy of the report and a description in writing of the rights of the consumer under this title, as prescribed by the Federal Trade Commission, section 609©(3).**

I am providing the following information for the preparation and proper verification of the consumer report. **This information sheet will not be part of your application.**

Signature

Date

Return to Human Resources

PERSONAL HISTORY

List all names you have used: Please Print Information – Use back if needed:

Maiden Name

(Print) First Middle Last

Name: _____

(Print) First Middle Last

Name: _____

(Print) First Middle Last

Current Address:

Street/P O Box City State Zip Code County How long

List all addresses for the past seven years: (Please Print Information – Use back if needed)

Former Address:

Street/P O Box City State Zip Code County How long

Former Address:

Street/P O Box City State Zip Code County How long

Former Address:

Street/P O Box City State Zip Code County How long

Former Address:

Street/P O Box City State Zip Code County How long

*Date of birth: _____ Place of birth: _____

Drivers license number: _____ State of issuance: _____

Daytime Telephone Number: _____-_____-_____ *Male *Female

*Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.

Social Security No: _____-_____-_____

Print Name

Signature

Date

Return to Human Resources, (For background investigation use only – discard after use.)