



PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

For Office Use Only

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE ALL PAGES DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____ Birthdate _____

Position applied for (1) _____ How many hours can you work weekly? _____
 and salary desired (2) _____
 (Be specific)

When available for work? _____

Educational Background: Please list all schools attended, beginning with high school:

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Special Skills, Training, Coursework or Experience:
Please mark all that apply

Typing Yes _____ WPM No Yes 10-key Yes Word Processing Yes _____ WPM
 No No No

Personal Yes PC Microsoft Word Microsoft Excel Microsoft Access
 Microsoft PowerPoint Browsers Programming



BIO-MEDICAL

Pharmaceutical Manufacturing Corporation

Computer No Mac Internet Search Engines Other _____

List any other special skills: _____

APPLICATION FOR EMPLOYMENT Page 2

Please list any languages you (a) read, (b) write, or (c) speak fluently:

(a) _____
(b) _____
(c) _____

Work Experience

Please list your work experience beginning with the most recent job held. Attach additional sheets if necessary.

Organization _____ Telephone No. () _____
Address _____
Street City State Zip
Job Title _____ Supervisor's Name & Title _____
Date Employed: From _____ To _____ Salary: Start _____ Final _____ Hours/Wk _____
Major Duties _____

Reason for Leaving _____ Check one: Resigned? or Discharged?

Organization _____ Telephone No. () _____
Address _____
Street City State Zip
Job Title _____ Supervisor's Name & Title _____
Date Employed: From _____ To _____ Salary: Start _____ Final _____ Hours/Wk _____
Major Duties _____

Reason for Leaving _____ Check one: Resigned? or Discharged?

Organization _____ Telephone No. () _____
Address _____
Street City State Zip
Job Title _____ Supervisor's Name & Title _____
Date Employed: From _____ To _____ Salary: Start _____ Final _____ Hours/Wk _____
Major Duties _____

Reason for Leaving _____ Check one: Resigned? or Discharged?



Are you legally eligible for employment in the United States? Yes No

For reference purposes: Have you worked for any of these organizations or attended school under a different name? Yes No
 If yes, give name and organization(s)/school(s) _____

May we contact your present employer? Yes No

APPLICATION FOR EMPLOYMENT Page 3

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Did you complete this application yourself Yes No

If not, who did? _____

PLEASE READ CAREFULLY

DISCLOSURE AGREEMENT

By this document, Bio-Medical & Pharmaceutical Manufacturing Corporation (Bio-Med) discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment/post-offer background investigation and at any time during your employment if hired. Examples of the reports Bio-Med may obtain include, but are not limited to, reports on criminal felony convictions, credit history, motor vehicle history, previous employment, and education.

Bio-Med also discloses to you that an investigative consumer report containing information as to your character, general reputation, personal characteristics, and mode of living may be obtained for employment purposes as part of the pre-employment/post-offer background investigation and at any time during your employment if hired. Should an investigative consumer report be requested, you have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to signify that you have received and understand the foregoing disclosure.

 Print Applicant/Employee's Full Name

 Applicant/Employee's Signature

 Witness Signature

 Date

**AUTHORITY TO RELEASE INFORMATION FOR
 BACKGROUND INVESTIGATION**

I HEREBY GIVE Bio-Medical & Pharmaceutical Manufacturing Corporation (Bio-Med) authorization to obtain consumer reports or investigative consumer reports on me as part of the pre-employment/post-offer background investigation process.



If hired, this authorization shall serve as evidence of ongoing authorization for Bio-Med to obtain consumer reports or investigative consumer reports on me at any time during my employment period for purposes of promoting, reassigning, or retraining me as an employee.

Print Applicant/Employee's Full Name

Applicant/Employee's Signature

Witness Signature

Date

PLEASE READ CAREFULLY Page 4

By signing your name below:

1. You certify that all statements made by you on this application are true and complete to the best of your knowledge and that you understand that intentional misrepresentations or omissions may be cause for rejection of your application or subsequent dismissal if you are hired.
2. You understand that Bio-Medical & Pharmaceutical Manufacturing Corporation (Bio-Med) may require the successful completion of drug and alcohol testing as a condition of employment, and that continued employment may be based on the successful completion of similar tests.
3. I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Nothing contained in the interview process, this application, or Bio-Medical & Pharmaceutical Manufacturing Corporation's employment policies or procedures are intended to create an employment contract between Bio-Medical & Pharmaceutical Manufacturing Corporation and you. Should this application result in your employment, you have the right to terminate your employment at any time and for any reason and Bio-Medical & Pharmaceutical Manufacturing Corporation retains a similar right.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.



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