

Application for Employment

Please Print



BIOQUAL, Inc.
 9600 Medical Center Drive, Suite 101
 Rockville, MD 20850
 (240) 404-7654

Equal access to programs, services and employment opportunities is available to all persons without regard to sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name _____ Applicant ID # _____
Last First Middle

Address _____
Street City State ZIP Code

Telephone # () _____ Cellular/Other Phone # () _____ E-mail Address _____

Position(s) applied for _____ Date of application ____/____/____

Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) _____

If necessary, best time to call you is _____ : _____ AM PM
 Home Cellular/Other

May we contact you at work? Yes No
 If yes, work number and best time to call:
 () _____ : _____ AM PM

If you are under 18 and it is required, can you furnish a work permit?..... N/A Yes No
 If no, please explain: _____

Have you submitted an application here before? Yes No
 If yes, give date(s) and position(s): _____

Have you ever been employed here before?..... Yes No
 If yes, give dates: From ____/____/____ To ____/____/____

Is this application a request for reemployment following an extended military leave of absence from this company?..... Yes No
 If yes, additional information may be requested.

Are you lawfully authorized to work in the United States?..... Yes No

Date available for work ____/____/____

What is your desired salary range or hourly rate of pay?
 \$ _____ Per _____

Type of employment desired: Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? ... N/A Yes No

Will you work overtime if required?..... Yes No

If no, please explain: _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?
This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:
 _____ State _____

Have you ever been bonded? Yes No

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company?..... Yes No

If yes, please explain: _____

NOTE TO RHODE ISLAND APPLICANTS: This company is subject to the state's workers' compensation laws (Chapter 29-38) unless otherwise noted below (employer to list applicable exemptions):

Employment History

Starting with your most recent employer, provide the following information. You may include any verified work performed on a volunteer basis.

Employer	Telephone # ()
Street address	City State
Starting job title/final job title	Dates employed Month / Year to Month / Year
Immediate supervisor and title (for most recent position held)	May we contact for reference? E-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Why did you leave?	
Summarize the type of work performed and job responsibilities.	
What did you like most about your position?	
What were the things you liked least about the position?	

Employer	Telephone # ()
Street address	City State
Starting job title/final job title	Dates employed Month / Year to Month / Year
Immediate supervisor and title (for most recent position held)	May we contact for reference? E-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
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Street address	City State
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Immediate supervisor and title (for most recent position held)	May we contact for reference? E-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Why did you leave?	
Summarize the type of work performed and job responsibilities.	
What did you like most about your position?	
What were the things you liked least about the position?	

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... Yes No

If yes, please explain: _____

Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

- Word Processing _____ Level: _____ Internet _____ Level: _____
- Spreadsheet _____ Level: _____ Other _____ Level: _____
- Presentation _____ Level: _____ Other _____ Level: _____
- E-mail _____ Level: _____ Other _____ Level: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	# of Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Related Information

When answering these questions, please exclude any information that would reveal sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? _____

List special accomplishments, publications, awards, etc. _____

List any relevant volunteer work. _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other protected status under applicable federal, state, or local law.

Mandatory Employer Disclosures

Notice to Maryland applicants: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. Notice to Massachusetts applicants: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. Notice to Rhode Island applicants: This company complies with Rhode Island law prohibiting smoking in enclosed areas within places of employment. Notice to North Dakota applicants: This company complies with North Dakota law prohibiting smoking within 20 feet of entrance and inside places of employment. Notice to Indiana applicants: This company complies with Indiana law prohibiting smoking in enclosed areas within places of employment. Notice to Illinois applicants: Please be advised pursuant to Illinois law, applicants are not obligated to disclose expunged juvenile records of adjudication, arrest, or conviction.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____



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Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.



I consent to and authorize BIOQUAL, Inc., and its agents and employees, to obtain in any manner reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with any former employer. It is expressly understood that any information sought or obtained is to be used for the purpose of determining my acceptability for employment. I also hereby release BIOQUAL, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information sought or obtained pursuant to this authorization.

Date: _____

Signature: _____

Print Name: _____

I consent to and authorize my former employer _____, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release my former employer _____ and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Date: _____

Signature: _____

Print Name: _____

I hereby authorize BIOQUAL, Inc. to check my references listed on my employment application. I understand that BIOQUAL will seek information concerning my work history from my prior employers.

Furthermore, I hereby allow and release my former employers, from any claims or liability, to provide any and all information in their possession to BIOQUAL, Inc., without limitation.

Date: _____

Signature: _____

Print Name: _____

Voluntary Affirmative Action and Veteran Status Data

PLEASE NOTE: Completion of this form is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, sexual orientation, citizenship, age, mental or physical disabilities, veteran, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To comply with requirements regarding government recordkeeping, reporting, and other legal obligations that may apply, we request that you complete this form. Providing this information is **STRICTLY VOLUNTARY**. Not providing it will not subject you to any negative personnel decision or action. Your cooperation is appreciated.

To be completed by applicant on a voluntary basis. Not for interview purposes. File separately from application.

Applicant Information

Name _____ Phone () _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Male Female Position applied for _____ Date ____/____/____

Referral source:

Government employment agency Private employment agency Current employee
 Walk-in School Relative
 Other _____ Advertisement in _____

Person who referred you, if applicable _____

Please select one of the following Equal Employment Opportunity Identification Groups:

Hispanic or Latino White (not Hispanic or Latino) Asian (not Hispanic or Latino)
 Native Hawaiian/Other Pacific Islander (not Hispanic or Latino) Black/African American (not Hispanic or Latino)
 American Indian/Alaskan Native (not Hispanic or Latino) Two or more races (not Hispanic or Latino)

Veteran Status Information

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active-duty wartime or campaign-badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active-duty wartime or campaign-badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA — the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

(continued)

If you believe you belong to any of the categories of protected veterans listed on front page, please indicate by checking the appropriate box below. As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I identify as one or more of the classifications of protected veteran listed above
- I am not a protected veteran

Applicant's signature _____

APPLICANT: Only complete this section if you have received an offer of employment.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I belong to the following classifications of protected veterans (choose all that apply):

- Disabled veteran
- Recently separated veteran
- Active-duty wartime or campaign-badge veteran
- Armed forces service medal veteran
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am NOT a protected veteran.

OR

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Applicant's signature: _____ Date: ____/____/____

For Administrative Use

NOTE: Applicant must complete above section after a job offer has been made, but before beginning work.

Position(s) applied for _____ Current opening No current opening

Other position(s) considered for _____

Hired? No Yes Hire date ____/____/____ Position hired for _____

Position classification

- Executive/senior-level officials and managers
- Professionals
- First/mid-level officials and managers
- Administrative support workers
- Service workers
- Operatives
- Craft workers
- Sales workers
- Technicians
- Laborers and helpers

Additional notes _____

Completed by _____ Date ____/____/____



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