



3650 Westwind Blvd.
Santa Rosa, CA 95403
Phone (800) 255-2159 Fax (707) 579-0761

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION (Complete all applicable information)

Name (Last, First, MI)			
Position(s) applied for:		Are you willing to work: Full Time _____ Evenings _____ Part Time _____ Weekends _____ Temporary _____ Nights _____	
Street Address:		City:	State: Zip:
Home Phone:	Cell Phone:	Have ever worked for Redwood Toxicology Laboratory?	
Email Address:			
Are you legally authorized to work in the United States? ___Yes ___No		When can you start employment (Date)	
Have you ever applied for employment with our company in the past? _____ Yes _____ No if yes when?			

EMPLOYMENT HISTORY (List below the last three employers, starting with the most recent one first)

1. Present or Last Position:		Name of Company:		Start Date: Mo/Yr:		Termination Date: Mo/Yr:			
Street Address:		City:		State/Zip Code		Phone Number:			
Responsibilities:				Reason for Leaving:					
Starting Annual Salary:		Final Annual Salary:		Bonus:		Commission:		May we contact this employer?	
2. Present or Last Position:		Name of Company:		Start Date: Mo/Yr:		Termination Date: Mo/Yr:			
Street Address:		City:		State/Zip Code		Phone Number:			
Responsibilities:				Reason for Leaving:					
Starting Annual Salary:		Final Annual Salary:		Bonus:		Commission:		May we contact this employer?	
3. Present or Last Position:		Name of Company:		Start Date: Mo/Yr:		Termination Date: Mo/Yr:			
Street Address:		City:		State/Zip Code		Phone Number:			
Responsibilities:				Reason for Leaving:					
Annual Salary:		Final Annual Salary:		Bonus:		Commission:		May we contact this employer?	

EDUCATION INFORMATION

High School / GED:	Address:	City/ State:	Degree:	Course Study:	GPA:
College:	Address:	City/State:	Degree:	Major:	GPA:
College:	Address:	City/State:	Degree:	Major:	GPA:
Graduate School:	Address:	City/State:	Degree:	Major:	GPA:
Other:	Address:	City/State:	Degree:	Major:	GPA:

ADDITIONAL COMMENTS:

OFFICE EXPERIENCE:

<p>Please list all office equipment you have used or have experience using (For example, computers, copiers, fax etc.)</p>
<p>If applying for a position requiring typing skill speed: How many words per minute can you type? _____</p>
<p>List computer software programs your are proficient: (Name the programs)</p>

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

- In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment, and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.

- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.

- I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I will, upon request, sign all necessary consent forms.

Signature:

Date:

VOLUNTARY SELF-IDENTIFICATION

The Company must periodically produce statistical reports on the composition of the company's workforce. This form will be kept separate from your personnel file, will not be duplicated, and will not be used when making decisions regarding promotion or termination. If you decline to provide this information, it will in no way affect your employment.

Reference Public Law 93-597, Privacy Act of 1974 and Title VII of the Civil Rights Act of 1991, Section 503 of the Rehabilitation Act of 1973 and the Vietnam Era Veteran Readjustment Assistance Act of 1974, Americans with Disabilities Act of 1990, Executive Order 11246 and related laws.

Name: _____

Job Title _____

Date: _____

Please check the boxes that apply to you.

GENDER

Female

Male

RACE AND/OR ETHNIC ORIGIN (check only one in this section)

Note: The category that most closely reflects your recognition in the community should be used for purposes of reporting mixed racial and/or ethnic origins.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. You should check this box if you identify yourself as Hispanic or Latino, even if you also identify yourself as belonging to one or more of the other categories listed below. If you identify yourself in whole or in part as Hispanic or Latino, do not check any other box listed below

American Indian or Alaskan Native Not Hispanic or Latino: A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment

Asian Not Hispanic or Latino: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Black or African American Not Hispanic or Latino: A person having origins in any of the Black racial groups of Africa

Native Hawaiian or Other Pacific Islander Not Hispanic or Latino: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

White Not Hispanic or Latino: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

Two or more Races Not Hispanic or Latino: All persons who identify with more than one of the above five races

VETERAN STATUS

Special Disabled Veteran.

Vietnam Era Veteran. Any person who (a) served on active duty for a period of time of more than 180 days, any part of which occurred during the Vietnam era (August 6, 1964 through May 7, 1975) was discharged or released there from with other than a dishonorable discharge, or (b) whose release or discharge from active duty was for a disability incurred or aggravated in the line of duty.

Other protected Veteran.

Newly Separated Veteran.

Disability Data. Any person who has (a) a physical or mental impairment which substantially limits such person's major life activities, (b) has a record of such impairment, or (c) is regarded as having such impairment.

Check here if you do not wish to provide some or all of the above information.