



Pre-Employment Application

SNBL Clinical Pharmacology Center, Inc. is an equal opportunity employer and, in conformity with applicable laws, does not discriminate on the basis of race, color, religion, sex, national origin, marital status, veteran status, physical or mental disability and any other impermissible criteria according to applicable laws. No questions on this application are intended to secure such information to be used for such discrimination. This application will be given every consideration but its receipt does not imply that the applicant will be employed. This application will be considered for only thirty (30) days. For consideration of employment opportunities after thirty (30) days, you must reapply.

GENERAL INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street) (City) (State) (Zip Code)

Home Telephone: _____ Social Security Number: _____

Have you ever been known by any other name? If yes, please list: _____

Do you have any relatives or any other member of the same household employed by SNBL ? Yes No If Yes, Give Date: _____

Have you filed an application here before? Yes No If Yes, Give Date: _____

Have you ever worked here before? Yes No

Have you ever been involuntarily terminated from employment? Yes No Unsure
If Yes or Unsure, Please explain: _____

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes No

(Proof of eligibility to work in this country is required upon employment)

Have you ever been convicted of a misdemeanor or felony, or are you presently formally charged with committing a criminal offense? Yes (explain below) No

(Responding "yes" will not necessarily disqualify application from employment. Do not include any traffic violations, juvenile offenses, criminal charges that have been expunged, or military convictions, except by general court martial.)

If yes, please furnish details of conviction below, including type of offense, location, date and sentence.

EMPLOYMENT INFORMATION

Date of Application: _____ How were you referred to us? _____

Position(s) Applied for: _____

On what date would you be available for work? _____

What schedule would you prefer: Full Time Part Time

Are you available for weekend and evening work? Yes No

Minimum Acceptable Salary: \$_____ per Hour Week Month Year

EDUCATION/SKILLS

	ELEMENTARY	HIGH SCHOOL	COLLEGE / UNIVERSITY	GRADUATE/PROF
School Name and Location				
Years Completed (Circle highest level completed)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Credits Earned				
Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree Awarded				
Major Course of Study				
Describe Specialized Training, Apprenticeship Skills and Extra Curricular Activities.				

Honors Received: _____

List professional, trade, business or civic activities and offices held (you may exclude those which indicate race, color, religion, sex or national origin):

State any additional information or qualifying statement you want to make that you feel may be helpful to the Company in considering your application:

MILITARY SERVICE

Have you ever been a member of the United States Armed Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," did you acquire any skills that relate to the job for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what skills? _____

PERSONAL REFERENCES

Give name, address and telephone number of three references that are not related to you and are not previous employers.

NAME	ADDRESS	TELEPHONE NUMBER

EMPLOYMENT EXPERIENCE

Start with your present or most recent job, including military service, assignments and/or voluntary activities. You may exclude organization names which indicate race, color, religion, sex, or national origin. Though you may attach a resume, all requested information not indicated within your resume must be provided in this section.

(1) Employer _____ Telephone _____ _____ (____) _____ Address: _____ _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed From _____ To _____ _____ / _____ Hourly Rate/Salary Starting _____ Ending _____ _____ / _____	Work Performed _____ _____ _____ _____ _____
(2) Employer _____ Telephone _____ _____ (____) _____ Address: _____ _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed From _____ To _____ _____ / _____ Hourly Rate/Salary Starting _____ Ending _____ _____ / _____	Work Performed _____ _____ _____ _____ _____
(3) Employer _____ Telephone _____ _____ (____) _____ Address: _____ _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed From _____ To _____ _____ / _____ Hourly Rate/Salary Starting _____ Ending _____ _____ / _____	Work Performed _____ _____ _____ _____ _____
(4) Employer _____ Telephone _____ _____ (____) _____ Address: _____ _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed From _____ To _____ _____ / _____ Hourly Rate/Salary Starting _____ Ending _____ _____ / _____	Work Performed _____ _____ _____ _____ _____

If you need additional space, please continue on a separate sheet of paper.

You may contact the employers listed above unless I indicate those I do not want you to contact. _____ Signature _____ Date _____	<p style="text-align: center;">DO NOT CONTACT</p> Employer Number(s): _____ Reason(s): _____
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Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences: _____

Complete this section only if the position you are applying for requires a driving qualification.		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, License Number: _____	Exp. Date: _____	State Issued: _____

APPLICANT - PLEASE READ AND SIGN

UNDER THE FEDERAL EMPLOYEE POLYGRAPH PROTECTION ACT OF 1988, AN EMPLOYER MAY NOT REQUIRE ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS ACT MAY HAVE COURT ACTION BROUGHT AGAINST THEM BY THE SECRETARY OF LABOR TO RESTRAIN ANY SUCH VIOLATION AND ASSESS CIVIL MONEY PENALTIES UP TO \$10,000.

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.

Signature

Date

**SNBL CLINICAL PHARMACOLOGY CENTER
AUTHORIZATION**

I hereby affirm that the facts contained in this application, including any attachments are true, correct and complete to the best of my knowledge. I have not withheld any fact or circumstance, which would, if discovered, affect my application unfavorably. I understand that the misrepresentation or omission of a fact called for in this application or other Company records may be cause for immediate dismissal.

I further authorize SNBL Clinical Pharmacology Center or any of its subsidiaries and/or affiliates to verify any and all information contained herein. This includes the investigation of references and employers listed within to provide the Company any and all information concerning my previous employment.

I hereby authorize and permit SNBL Clinical Pharmacology Center and its subsidiaries and/or affiliates to hereafter investigate and disclose information contained in this application and such additional information regarding my employment to SNBL Clinical Pharmacology Center and its subsidiaries and/or affiliates to any person, firm or organization (e.g., state police criminal or credit check). I also release the Company from all liability for any damage that may result from the utilization of such information.

I also understand and agree that no representative of the Company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing unless it is written and signed by an authorized Company representative. I also understand that if I should become employed by the Company, my employment is "at-will" and can be terminated by me or the Company at any time without cause and/or without notice.

I hereby acknowledge that I have read all of the above statements and understand the same.

Signature

Date

APPLICANT – Do not write below this line

HUMAN RESOURCES USE ONLY

DEPARTMENT: _____

POSITION: _____

STARTING DATE: _____

STARTING SALARY: _____