

FOR OFFICE USE ONLY	
Work Location _____	Rate _____
Position _____	Date _____

## APPLICATION FOR AT-WILL EMPLOYMENT

(An Equal Opportunity Employer)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. We will give this application every consideration. However, in accepting it, the Company makes no commitment of employment to the applicant. This application will remain active for 180 days.

***WE ARE AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.***

### BASIC INFORMATION: Please print in ink.

Position Applied For: _____	Date of Application: _____
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	City	State      Zip Code
Telephone Number(s)		Social Security Number

Salary requirements: \_\_\_\_\_ Date Available: \_\_\_\_\_

Have you been convicted of a crime within the last 7 years?     Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you a United States Citizen?     Yes  No

If no, are you lawfully authorized to work in the United States?     Yes  No

**EMPLOYMENT HISTORY:** Start with your present or most recent job. Include any job-related military service assignments, self-employment, summer and part-time jobs.

1	Company	Address		Telephone	
Dates Employed	From	To	Starting Salary	Leaving	Supervisor
Your Duties:					
Reason for Leaving:					
2	Company	Address		Telephone	
Dates Employed	From	To	Starting Salary	Leaving	Supervisor
Your Duties:					
Reason for Leaving:					
3	Company	Address		Telephone	
Dates Employed	From	To	Starting Salary	Leaving	Supervisor
Your Duties:					
Reason for Leaving:					
4	Company	Address		Telephone	
Date Employed	From	To	Starting Salary	Leaving	Supervisor
Your Duties:					
Reason for Leaving:					

If presently employed, why do you desire to change your position? \_\_\_\_\_  
 \_\_\_\_\_

If you are now employed, may we contact your present employer?  Yes  No  
 Date of last physical examination \_\_\_\_\_ Physician \_\_\_\_\_  
 Date of last tuberculin skin test \_\_\_\_\_ Results \_\_\_\_\_  
 Date of last Chest X-ray \_\_\_\_\_ Results \_\_\_\_\_

**\*WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER\***

REFERENCES: (not former employers or relatives)

Name	Address	Phone Number

EDUCATION:

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate ?	List Diploma or Degree
High			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you did not graduate, why did you leave school or college? \_\_\_\_\_  
\_\_\_\_\_

Are you planning to pursue further studies?  Yes  No  
If yes,  Day OR  Night School

If so, when, where, and what courses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INTERESTS:** Use this space below to describe interest in the \_\_\_\_\_ industry and skills and aptitudes that you feel qualify you for a position with our Company. (You may wish to include civic and community activities, professional societies in which you participate, hobbies, sports, special training or skills such as typing, accounting, and the like.) If you need more space, please continue on a separate sheet.

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## ACKNOWLEDGEMENT

*Please Read Before Signing:*

The facts set forth in my application for employment are true and complete. I understand that if employed false or misleading statements on this application shall be considered immediate cause for dismissal. In making this application for employment I authorize you to make and/or investigate a report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. This inquiry, if made, also may include information concerning any and all employment discrimination claims and/or accusations brought against me, including, but not limited to, charges and/or accusations brought against me that relate to harassment and/or discrimination involving race, sex, age, religion, disability, and/or national origin.

I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigation or report that is made.

**I UNDERSTAND THAT, IF THE COMPANY EMPLOYS ME, EITHER THE COMPANY OR I CAN TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE AT ANY TIME AND FOR ANY OR NO REASON. I also understand that no official of the Company other than the Chief Executive Officer has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.**

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Signature of Applicant

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Date

Return only via one of the following:

Email: [hr@digestivediseasegroup.com](mailto:hr@digestivediseasegroup.com)

Fax: 864-227-6116

Mail: 103 Liner Dr. Greenwood, SC 29649

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