



LIFE SCIENCE PRODUCTS, INC.
 124 Speer Road, Chestertown, MD 21620
 (410) 778-6474

APPLICATION FOR EMPLOYMENT
Please Print Clearly
DATE _____

Life Science Products is an equal opportunity employer and does not discriminate on the basis of race, color, gender, religion, age, sexual orientation, national or ethnic origin, disability, marital or family status, political beliefs, veteran status, or any other characteristic protected by law. This company also promotes affirmative action for minorities, women, disabled persons, and veterans.

NAME _____ email _____
 (LAST) (FIRST) (MI)

ADDRESS _____ HOME PHONE _____
 (STREET) (CITY) (STATE) (ZIP) ALTERNATE NUMBER _____

TYPE OF WORK DESIRED _____		Received Job Description? Y N
DATE AVAILABLE FOR WORK _____	WORK LOCATION RESTRICTIONS (if any) _____	
REFERERED BY (Check One) <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk In <input type="checkbox"/> Employee (Name) _____ <input type="checkbox"/> Other (Details) _____		

GENERAL INFORMATION

Can you perform all of the essential functions of the position for which you are applying with or without reasonable accommodation?	Y	N
Are you able to meet the attendance requirements of the position (including overtime, travel, etc., if required)?	Y	N
Are you at least 18 years of age?	Y	N
Would you work FULL TIME _____ PART TIME _____	N/A	N/A
Driver's License Number _____ State _____ (required for some positions)	Y	N
For positions requiring driving you must be insurable by our commercial insurance carrier. - APPROVE Motor Vehicle Records Check?	Y	N
If hired, can you prove that you are legally permitted to work in the United States?	Y	N
Have you ever been convicted by a military court martial?	Y	N
Have you ever been CONVICTED of any crime in the last seven (7) years?	Y	N
Are you NOW under any current charge for any offense against the law?	Y	N

(Conviction will NOT necessarily be a bar to employment - Do not include non-criminal traffic violations)

MILITARY

Are you A Veteran? Y N (if No - Skip remainder of section)	Military Duty Branch	From To	Type of Discharge
Previous Service Branch	From To	Type of Discharge	Rank Experience

EDUCATION BACKGROUND

NAME AND LOCATION	Years Completed	Graduate (Y/N)	Major Courses Studied Or Major and Degree (if applicable)
High School			
Trade School			
College			
Other			

ADDITIONAL INFORMATION

PLEASE LIST ANY SPECIAL SKILLS YOU MAY HAVE, TRADE LICENSES, SPECIAL MACHINERY OR EQUIPMENT THAT YOU CAN OPERATE OR SUPPLEMENTARY INFORMATION YOU WISH TO PROVIDE FOR CONSIDERATION

RESUME ATTACHED
Complete information below not covered on resume

RECORD OF EMPLOYMENT

Please provide information on your last three employers, beginning with your current or most recent employer. Note that we may contact any previous employer to verify duties, reason for separation and other information.

Name and Address of Employer	Job Title and Description of Duties	Start Date	End Date
		Start Pay Rate	End Pay Rate
Phone Number		Per	Per
Immediate Supervisor Name and Title		Reason for Leaving	
May we contact you at work?	Y N		

Name and Address of Employer	Job Title and Description of Duties	Start Date	End Date
		Start Pay Rate	End Pay Rate
Phone Number		Per	Per
Immediate Supervisor Name and Title		Reason for Leaving	

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Phone Number		Per	Per
Immediate Supervisor Name and Title		Reason for Leaving	

REFERENCES (In addition to immediate supervisors listed above)

Name and Address	Telephone	Years Known	Professional or Personal?	
	()		<input type="checkbox"/> Personal Contact	<input type="checkbox"/> Professional Contact
	()		<input type="checkbox"/> Personal Contact	<input type="checkbox"/> Professional Contact
	()		<input type="checkbox"/> Personal Contact	<input type="checkbox"/> Professional Contact

ACKNOWLEDGEMENT – PLEASE READ

I certify that all answers are given herein are true and complete to the best of my knowledge and acknowledge that any false information provided by me to LSP during the hiring process may constitute grounds for immediate discharge, regardless of when the false information is discovered by the company. I authorize and grant full consent to Life Science Products, Inc. (LSP) to make such investigations and inquiries of my personal background and employment history and other related matters as may be necessary in arriving at an employment decision. I do further consent to the release and disclosure to LSP from any persons, company, corporations, or government agency any information sought concerning my background and hereby release from liability LSP for actions taken in connection with this investigation, as well as employers, schools, companies, or governmental agencies disclosing such information. I understand that if I am hired, I will be required to provide proof of identity and legal work authorization. I understand also, that I am required to abide by all current rules and regulations of LSP. I also acknowledge that if hired by LSP, my employment is at will, which means that my employment, offer or acceptance of employment may be with drawn at any time, with or without cause and without prior notice at the option of LSP or myself. I understand that LSP may require medical or other examinations at the time of employment and may condition an offer on the successful completion of the exam and verification of my ability to perform the essential functions of the position offered. **I approve an MVR check by LSP if driving is part of my potential job duties. Pre-employment drug testing and the release of those results to LSP will be required. I also understand that I may be subject to drug and alcohol testing after employment.**

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law. UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT 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 \$100.00.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with governmental recordkeeping, reporting and other legal requirements, please fill of the Applicant Data Record. We appreciate your cooperation. Refusal to complete this information will NOT subject you to adverse treatment – it is voluntary.

This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment.

(PLEASE PRINT)

Position(s) applied for _____ Date _____

Referral Source: ___Ad ___ Friend ___ Relative ___ Walk in ___ Agency (includes internet) ___ Other

Name _____ Phone (____)_____
(Last) (First) Middle

Address _____
(Street) (City) (St) (Zip)

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Gender: _____ Male ___ Female

Check **ONE** of the following Race/Ethnic Groups

___ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

___ **White (not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

___ **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.

___ **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.

___ **American Indian or Alaskan Native (not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America, (Including Central America), and who maintain tribal affiliation or community attachment.

___ **Two or more races (not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

___ Race missing or unknown

Check if the any of the following are applicable:

___ Vietnam Era veteran ___ Disabled veteran ___ Disabled individual