



## APPLICATION FOR EMPLOYMENT

Please return the application in person or by mail to:

**Precision Diagnostic Services, Inc.**  
4152 30<sup>th</sup> Avenue South; Suite 103  
Fargo, North Dakota 58104



Precision Diagnostics Services, Inc. is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation.

Please print clearly or type in black or blue ink.  
Please print your full name on the top of each page.

Position and Location Applying for: \_\_\_\_\_

**Personal Information**

Today's Date	Name (Last, First, Middle)			How did you hear about position?	What date are you available to begin working?
Mailing Address (Street) (Apt. No.) (City) (State) (Zip Code)				If hired, can you provide proof of right to legally work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please indicate what type (class) driver's license you have, if relevant:
Social Security Number	Home Phone No.	Daytime Phone No.	e-mail address		
Have you ever been convicted of a crime (other than a minor traffic violation)? <input type="checkbox"/> Yes <input type="checkbox"/> No (Disclosure of information will not bar consideration for employment & will only be considered to specific job requirements.) If yes, explain: _____					
Have you ever been discharged or forced to leave a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____					

**Educational Background**

Indicate the highest level of education you have completed.	<input type="checkbox"/> Less than high school	<input type="checkbox"/> 2 year college	<input type="checkbox"/> Some graduate school	<input type="checkbox"/> Post-Doctorate			
	<input type="checkbox"/> HS Grad	<input type="checkbox"/> Technical school	<input type="checkbox"/> Master's degree	<input type="checkbox"/> MD, DDS, JD			
	<input type="checkbox"/> Some College	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Doctorate				
Name of Trade or Business School, College, University or Professional School							
Name	Location	No. of months attended	No. of credits earned	Type of credits (sem./qtr.)	Type of degree/certificate earned	Major	Minor

**License and/or Certification**

License/Certification	Profession	State	License/Certification Number	Expiration Date

**Work Experience**

Starting with your present or most recent employer, list all work experience relevant to the positions for which you are applying. Employers will be contacted if you are being seriously considered for a position.				
Present or last employer		Address City State		
Your supervisor's name		Your supervisor's phone number		
Dates employed (mo./yr.) From: To:	Total no. months employed	Job Title		
Salary:		Reason for leaving		
Job duties/accomplishments				

Second last employer		Address	City	State
Your supervisor's name		Your supervisor's phone number		
Dates employed (mo./yr.) From:                      To:		Total no. months employed	Job Title	
Salary:		Reason for leaving		
Job duties/accomplishments				

Third last employer		Address	City	State
Your supervisor's name		Your supervisor's phone number		
Dates employed (mo./yr.) From:                      To:		Total no. months employed	Job Title	
Salary:		Reason for leaving		
Job duties/accomplishments				

**Additional Information (continues on next page)**

<p>Please use the space below to further describe your relevant skills, training, and experience, including length of time. Providing this additional information is extremely valuable in the selection process.</p> <p>Office/Administrative skills and experience (such as data bases, word processing, data entry, spreadsheets/graphs/charts, desktop publishing, internet, e-mail, medical terminology, legal terminology, technical/statistical/scientific typing, correspondence/manuscript editing, bookkeeping/accounting, etc.)</p> <p>Supervisory/Managerial skills and experience (such as hiring, firing, disciplining, evaluating performance, rewarding, training, assigning work, directing work, reviewing work, etc.)</p> <p>Professional skills and experience (such as formal related coursework, publications, administration of grants/contracts, budget maintenance, data gathering, report writing, statistical analysis, public relations, etc.)</p> <p>Scientific/Laboratory skills and experience (such as scientific coursework, lab techniques, lab equipment, etc.)</p>
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**Additional Information (continued)**

Computer skills and experience (such as word processing, spreadsheets, databases, internet software, desktop software, mainframe software, development methodologies, database servers software, hardware operating systems, server operating systems, host operating systems, telecommunications, etc.)

Additional relevant information not listed above (foreign languages spoken, relevant community activities, etc.)

**References**

Name three individuals who have personal knowledge of your current work abilities, ethical character, and ability to work cooperatively with others and who will provide specific comments on these matters upon request. The individuals you list should not be related to you.		
Name	Address	City State
Telephone	Fax	
Email:	Relationship	How long have you known them

Name	Address	City State
Telephone	Fax	
Email:	Relationship	How long have you known them

Name	Address	City State
Telephone	Fax	
Email:	Relationship	How long have you known them

**Read and sign**

To the best of my knowledge, the information included in this application is accurate and true. I understand that misrepresentation or omission of facts in connection with my application may be sufficient cause, in and of itself, for dismissal whenever discovered. In addition, I agree that a final job offer will be contingent upon a complete criminal background check, drug screening and pre-placement physical when applicable. I authorize Precision Diagnostics Services, Inc. to investigate my past relevant employment and/or education history. I also authorize any persons, companies, corporations and/or education facilities with whom I have been associated to furnish Precision Diagnostics Services, Inc. with any information concerning my employment and educational background which they may have on record.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

## Applicant Self Identification for Affirmative Action Programs

Precision Diagnostic Services, Inc. is a Government contractor subject to Executive Order 11246, as amended, and the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended. Anti-Discrimination Notice. It is an unlawful employment practice for PDS to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

PDS is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information. All information will be reported in the same seven race/ethnicity categories identified below.

### PLEASE ANSWER THE FOLLOWING QUESTIONS

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit will be kept confidential, except that Government officials engaged in enforcing laws administered by OFCCP may be informed. This information provided would be used only in ways that are consistent with Executive Order 11246, as amended, and the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended.

### I IDENTIFY MYSELF AS:

Gender:  Male  Female

#### Race/Ethnicity:

- 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.
- 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.
- 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.
- American Indian or Alaska 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 races
- Do not wish to self-identify

### VETERAN OF THE VIETNAM ERA or OTHER VETERAN

A person who: (a) served on active duty for more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from with other than a dishonorable discharge; or (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975; or (c) served on active duty for more than 180 days, any part of which occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1975, and was discharged or released from with other than a dishonorable discharge; or (d) 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. (A list of campaigns/expeditions may be requested.)

Yes  No

I assert that the above information is accurate.

Name: \_\_\_\_\_  
(Please Print Clearly)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### For Human Resource Use Only

Race Missing or Unknown – Applies to APPLICANTS ONLY, where a resume or application that is being screened is received without any racial or ethnic identification and no further contact is made with the applicant.

Note(s): \_\_\_\_\_