



EMPLOYMENT APPLICATION

* Indicates required information. Incomplete applications will not be considered and not retained.

*POSITION DESIRED:

*LAST NAME	*FIRST NAME	MI
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*STREET ADDRESS

*CITY	*STATE	*ZIP CODE
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*PHONE NUMBER	EMAIL ADDRESS
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How did you learn of this position? _____

*Are you legally eligible to be employed in the United States? Yes No

*Can you perform the essential functions, with or without reasonable accommodations, of the position for which you are applying (Do not answer unless you have reviewed the job posting)? Yes No

*Are you at least 18 years of age? Yes No

*If no, can you provide proof of your eligibility to work?

Have you ever worked for Discovery Lab before? Yes No
 If yes, please provide position and date: _____

Have you ever volunteered for Discovery Lab before? Yes No
 If yes, please provide position and date: _____

Will you work overtime? Yes No

What is your availability to work? _____

What date are you available for work? _____

What is your desired salary range? _____

*** EDUCATION**

School	Name, City & State of School	Course of Study	# years	Diploma/Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No

* WORK EXPERIENCE

Please begin with your current or last job. Include any job-related military service assignments and/or volunteer activities. You may exclude any organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1.

Employer Name & Address

Job Title

Supervisor & Contact Information

May we contact? Yes No

Dates Employed

Essential Functions & Responsibilities of position:

Reason for leaving: _____

2.

Employer Name & Address

Job Title

Supervisor & Contact Information

May we contact? Yes No

Dates Employed

Essential Functions & Responsibilities of position:

Reason for leaving: _____

3.

Employer Name & Address

Job Title

Supervisor & Contact Information

May we contact? Yes No

Dates Employed

Essential Functions & Responsibilities of position:

Reason for leaving: _____

*** PROFESSIONAL AND/OR BUSINESS REFERENCES**

(Please do not include family members.)

1. _____
 Name Phone Number/Email Address Company & Title

2. _____
 Name Phone Number/Email Address Company & Title

3. _____
 Name Phone Number/Email Address Company & Title

RELEASE AND CONSENT

Discovery Lab is an equal opportunity employer and will consider applicants for all positions without regard to race, age, color, religion, creed, sex, sexual orientation, gender identity, citizenship status, marital status, national origin, physical or mental disability, veteran status or any other legally protected status. No applicant will be rejected as a result of any impairment, which, with reasonable accommodation, does not prevent performance of the work. Discovery Lab will not tolerate sexual harassment or harassment on the basis of any protected class status in the workplace.

I understand and certify that all information supplied in this application, and any attached resume, is complete and correct. Any false, misleading or incomplete information furnished by me regarding this application may result in the rejection of this application, or if employed, dismissal. I understand that in consideration of my employment, I agree to conform to the rules and regulations of Discovery Lab, and further agree that my employment and compensation are at the will of Discovery Lab and can be terminated, with or without cause, and with or without notice, at any time at the option of either Discovery Lab or myself. I understand and agree that these terms can only be modified in writing and signed by the Executive Director. No supervisor, representative, agent, or other employee of Discovery Lab has now or has had in the past, the authority to enter into any agreement for employment for a specified period of time, or to make any agreement which is contrary to or in modification of the above terms, nor can any policies or practices of Discovery Lab, either written or oral, modify these terms.

I understand and agree to take any physical examination, and pre-employment test, including drug screening test, all such tests will be administered in compliance with the American with Disabilities Act.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Including but not limited to: previous employers, supervisors, schools, including all persons with and for whom I have worked or attended school, to give Discovery Lab's representative's any and all information regarding me and my previous employment and schooling. I also authorize Discovery Lab to conduct credit, police, criminal and driving record inquiries, or any other employment related inquiries in compliance with the provisions to the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et. Seq. I release Discovery Lab and all previous employers, supervisors and schools from liability for any damages that may result from furnishing information to Discovery Lab.

I understand this application will be active for employment consideration until the position has been filled. I understand applications will be screened within 30 days of receipt. If selected for an interview, I understand I will be contacted directly. I understand that if I am not selected or interviewed for a specific position which I applied, this means my application is not moving forward with Discovery Lab's process.

I have read and reviewed the above certification statements and other information provided on the application.

***Applicants Signature:** _____

***Date:** _____