



APPLICATION FOR EMPLOYMENT

PLEASE PRINT

2800 Westhill Drive, Suite 208
 Wausau, WI 54401
 Ph: 715-847-0075
 www.AIPathology.com

First Name _____ MI _____ Last Name _____

Present Address _____

City _____ State _____ Zip _____

Social Security Number _____

Primary Phone Number _____ Phone Type Cell Home Work

Secondary Phone Number _____ Phone Type Cell Home Work

Email Address _____

How do you want to be contacted? Cell Phone Home Phone Work Phone Email Other _____

JOB APPLYING FOR

POSITION	DATE AVAILABLE TO WORK	EMPLOYMENT DESIRED
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Full or Part Time

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL AND LOCATION (CITY AND STATE)	CHECK HIGHEST GRADE COMPLETED	DID YOU GRADUATE	DEGREE
High School		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL LICENSES AND CERTIFICATIONS

TYPE OF LICENSE	LICENSE NUMBER	ISSUING STATE	RENEWAL DATE	EXPIRATION DATE

Has your professional license, certification or registration ever been investigated, revoked, suspended, restricted or subject to discipline by any board or governing body? Yes No

Do you agree to notify AIP immediately should your license, certification or registration ever be investigated, revoked, suspended, restricted or subject to discipline by any board or governing body? Yes No

WORK HISTORY – List all previous employers for the past five years beginning with your most recent job held. Attach additional sheets if necessary.

COMPANY	JOB TITLE
ADDRESS	SUPERVISOR
PHONE#	EMPLOYMENT DATES (FROM-TO)
REASON FOR LEAVING	HOURLY RATE/SALARY
DUTIES PERFORMED	

COMPANY	JOB TITLE
ADDRESS	SUPERVISOR
PHONE#	EMPLOYMENT DATES (FROM-TO)
REASON FOR LEAVING	HOURLY RATE/SALARY
DUTIES PERFORMED	

COMPANY	JOB TITLE
ADDRESS	SUPERVISOR
PHONE#	EMPLOYMENT DATES (FROM-TO)
REASON FOR LEAVING	HOURLY RATE/SALARY
DUTIES PERFORMED	

WORK HISTORY (Continued)

COMPANY	JOB TITLE
ADDRESS	SUPERVISOR
PHONE#	EMPLOYMENT DATES (FROM-TO)
REASON FOR LEAVING	HOURLY RATE/SALARY
DUTIES PERFORMED	

May we contact your present employer? Yes No

Explain any lapses between times when employed.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No If yes, explain nature of offense(s), dates, sentence(s) imposed and type(s) of rehabilitation.

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Associates in Pathology, S.C. (AIP), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as may exist from time to time, or other AIP practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of AIP, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of AIP. Both the undersigned and AIP may end the employment relationship at any time, without specified notice or reason. If employed, I understand that AIP may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give AIP permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release AIP from any liability as a result of such contract.

I also understand that the (1) AIP has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to a compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations.

I understand that, in connection with the routine processing of your employment application, AIP may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, AIP, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with AIP shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with AIP is terminable at will for any reason by either party.

AIP is an equal employment opportunity employer. AIP adheres to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, disability, marital status, or any other legally protected status. AIP assures you that your opportunity for employment with AIP depends solely on your qualifications.

Signature of Applicant

Date

Please email this application with your resume and cover letter to info@AIPathology.com or send it to LeAnn Lang at Associates in Pathology, 2800 Westhill Drive, Suite 208, Wausau, WI 54401. Thank you for your interest in AIP.

OFFICE USE ONLY

REFERENCES

NAME	NAME
POSITION	POSITION
COMPANY	COMPANY
ADDRESS	ADDRESS
PHONE #	PHONE #
EMAIL	EMAIL

NOTES