



Application for Employment

Form 6002

Personal Information

First Name:	Last Name:	F/T or P/T:	
Address:	City:	State:	Zip Code:
Phone Number:	Cell Phone Number:	Referred By:	

Employment Desired

Position Desired:	Date you can start:	Hours Available:	Salary Desired:
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever applied to ADC before? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you related to, or do you know, any current ADC employee? If Yes – add name(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Education History

In the section below, indicate the name & location of the school attended.		
<input type="checkbox"/> High School or Equivalent	Number of years completed:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> College	Number of years completed:	Did you obtain a degree? If so, list: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (Certifications, special training, Software skills):		

Previous Employment (Start with your most recent job.) Please print neatly and complete all sections

Date	Name of Employer	Contact Information
Start:	Employer:	Supervisor Name:
End:	Address:	Phone:
Position Held:	Reason for leaving:	
Start:	Employer:	Supervisor Name:
End:	Address:	Phone:
Position Held:	Reason for leaving:	
Start:	Employer:	Supervisor Name:
End:	Address:	Phone:
Position Held:	Reason for leaving:	



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Other References

Name	Relationship	Phone Number	Number of Years Known

Questionnaire

	Yes	No
1. Have you ever been convicted of a crime? (A conviction will not necessarily disqualify you). If yes, provide date/explain:	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you legally eligible for employment in the United States? (Proof of citizenship or authorization to work in the United States will be required upon employment)	<input type="checkbox"/>	<input type="checkbox"/>
3. Would you object to taking an alcohol or substance abuse test as part of your employment?*	<input type="checkbox"/>	<input type="checkbox"/>
4. Would you object to having your working knowledge of English tested as part of your employment?*	<input type="checkbox"/>	<input type="checkbox"/>
5. Would you object to taking a sign recognition test as part of your employment?*	<input type="checkbox"/>	<input type="checkbox"/>
6. Would you object to taking a math skill test as part of your employment?*	<input type="checkbox"/>	<input type="checkbox"/>
7. Would you object to taking a computer skill test as part of your employment?*	<input type="checkbox"/>	<input type="checkbox"/>
8. Would you object to taking an eye exam as part of your employment?*	<input type="checkbox"/>	<input type="checkbox"/>
9. Would you object to being tested in your ability to perform the job you are applying for?*	<input type="checkbox"/>	<input type="checkbox"/>

*Your response will not be taken into consideration for employment. For internal use only. Please note that any tests indicated above would be at the expense of American Diagnostic Corporation.

Statement of Authorization

I understand that this application does not constitute a contract or guarantee of employment. I understand and agree that if employed, my employment will be on an at-will basis and I may be terminated by the company at any time without cause.

Furthermore, I certify that I have made true, correct, complete answers and statements on this application in the knowledge that they may be relied upon in considering my application and I understand that any omission or false statements made by me on this application or any supplement (including a resume) to it will be sufficient grounds for failure to employ me or discharge in the event of employment.

If employment is obtained under this application, I will comply with all rules and regulations of the company.

Waiver, Release, And Consent Regarding Personal And Professional References

I consent to the disclosure and waive all claims related to such disclosure arising under the laws of the United States of America or the State of New York and authorize American Diagnostic Corp, to seek information from the personal and professional references I have identified as part of my employment application. I am aware that ADC may conduct these reference checks as a component of their selection process and consideration of my application for employment.

I have read and/or understand the above statements and confirm my understanding by my signature below.

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Signature

Date

DO NOT WRITE BELOW THIS LINE, FOR OFFICE USE ONLY

Status:	
Department:	
Salary Range:	
Target Start Date:	

Revision Control Table				
Rev #:	Rev Date:	Revision History Filename:	Creator:	Approver:
7	1/15/20	Form 6002, Rev 6 to 7	M. Falco	K. Silk