

LILLESTOL RESEARCH LLC
Employment Application (2015)



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available		Desired Salary	
Position Applied for:		Clinical Research Coordinator [<input type="checkbox"/>] Clinical Research Assistant [<input type="checkbox"/>] Administrative [<input type="checkbox"/>] Financial [<input type="checkbox"/>] Management [<input type="checkbox"/>] Marketing [<input type="checkbox"/>] Other [<input type="checkbox"/>] Specify: _____	
Part-time [<input type="checkbox"/>]		Full-time [<input type="checkbox"/>]	
How or by whom were you referred to Lillestol Research?			
What days and hours are you available to work?			
Have you ever applied to/worked for Lillestol Research? If yes, please explain (include dates):			
Do you have any friends, relatives, or acquaintances working for Lillestol Research? If yes, please state name & relationship:			
If hired will you have transportation to/from work? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]		Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	
If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]			
If hired, are you willing to submit to and pass a controlled substance test? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]			
Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? If no, describe the functions that cannot be performed. Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]			
<i>(Note: Lillestol Research complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)</i>			

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes [] NO []
 If yes, please describe the crime-state nature of crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

EDUCATION, TRAINING AND EXPERIENCE

High School:

Address:

City:

State:

Zip:

Number of years completed?

Did you Graduate? Yes [] No []

Degree/Diploma earned:

College:

Address:

City:

State:

Zip:

Number of years completed?

Did you Graduate? Yes [] No []

Degree/Diploma earned:

College:

Address:

City:

State:

Zip:

Number of years completed?

Did you Graduate? Yes [] No []

Degree/Diploma earned:

Vocational School:

Address:

City:

State:

Zip:

Number of years completed?

Did you Graduate? Yes [] No []

Degree/Diploma earned:

Military:

Branch:

Rank in Military:

Total years of service:

Skills/duties:

Related details:

REFERENCES

Please list at least three references that are not related to you by blood or marriage. Previous employment references preferred.

Full Name

Phone:

How long have you known this reference?

How do you know this reference?

Full Name

Phone:

How long have you known this reference?

How do you know this reference?

Full Name

Relationship

How long have you known this reference?

How do you know this reference?

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From To			
Reason for leaving			
May we contact your previous supervisor for a reference? YES [] NO []			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From To			
Reason for Leaving			
May we contact your previous supervisor for a reference? YES [] NO []			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From To			
Reason for Leaving			
May we contact your previous supervisor for a reference? YES [] NO []			

ADDITIONAL INFORMATION

Do you speak, write or understand any foreign languages? If yes, describe which language(s) and how fluent of a speaker you consider yourself to be.

Do you have a medical background, education or training? If so, please describe, including specifying what areas of medicine.

Do you have clinical research experience? If so, please describe.

Do you have any certificates, honors or awards you feel would be applicable to this position? If so, please describe.

Do you have any other experience, training, qualifications or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? If yes, please explain.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date