

INFECTIOUS DISEASE RESEARCH INSTITUTE

APPLICATION FOR EMPLOYMENT
(PLEASE PRINT REQUESTED INFORMATION IN INK)

Date _____

The Infectious Disease Research Institute (IDRI) provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance with applicable federal laws. In addition, IDRI prohibits discrimination on the basis of creed, sexual orientation, marital status, or presence of a physical, mental or sensory disability, in accordance with applicable state and local laws. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

This application will be considered active for thirty days. If you have not been employed within this period and are still interested in employment at IDRI, please contact us and request that your application be reactivated.

PERSONAL INFORMATION:

NAME: _____ SOCIAL SECURITY #: _____
Last First MI

ADDRESS: _____ TELEPHONE #: _____
Street City State ZIP

If hired, can you furnish proof of age? Yes No

If hired, can you furnish proof that you are legally entitled to work in the United States? Yes No

Have you ever been employed by IDRI? Yes No

If Yes, please indicate dates of employment: _____ Position: _____

Do you have any relatives employed by IDRI? Yes No

If Yes, please give name/relationship: _____

Can you perform the essential functions of the job, with or without reasonable accommodation? Yes No

AVAILABILITY:

I am applying for the following position: _____ Date Available for Work: _____

Type of employment desired: Full-Time Part-Time Temporary

If applying for part-time employment, please indicate the hours and days you are available to work: _____

If applying for temporary employment, please indicate the dates you are available to work: _____

MISCELLANEOUS:

Have you been convicted of a felony within the last seven (7) years? Yes No

If Yes, please explain. (Such a conviction may be relevant if job related, but does not necessarily bar you from employment.)

EDUCATION:

Schools Attended (include current)	City - State	Years Completed	Diploma/Degree
High School		XXXX	
College or University			
Other			

Scholastic Honors, Scholarships, etc.

Do you have any other experience, training, qualifications, or skills which would apply to the position for which you are applying? Please list:

EMPLOYMENT HISTORY:

Please list your employment record, including any periods of unemployment. Begin with your most recent employer. If you were employed under another name, please enter under Company Name. Attach a resume only to supplement the information below. *This application form must be completely filled out.*

Company Name	Company Address	Telephone ()
Name of Supervisor	Employed (month and year) From To	Reason for leaving
State job title, nature of work performed, and job responsibilities		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name	Company Address	Telephone ()
Name of Supervisor	Employed (month and year) From To	Reason for leaving
State job title, nature of work performed, and job responsibilities		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name	Company Address	Telephone ()
Name of Supervisor	Employed (month and year) From To	Reason for leaving
State job title, nature of work performed, and job responsibilities		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name	Company Address	Telephone ()
Name of Supervisor	Employed (month and year) From To	Reason for leaving
State job title, nature of work performed, and job responsibilities		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES:

List business or educational references of three non-relatives who are qualified to evaluate your education or work experience.

Name	Address	Position	Telephone Number

I certify that information contained in this application is true and correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for disqualification from further consideration or for dismissal from employment. I authorize the references listed above to give IDRI any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to IDRI. In consideration of my employment, I agree to conform to the rules and regulations of IDRI.

I understand and acknowledge that any employment relationship with IDRI is of an at-will nature. This means that I may resign at any time with or without notice and IDRI may terminate my employment at any time with or without cause and with or without notice. I further understand that no supervisor, manager, or representative of IDRI other than the President has the authority to enter into any agreement with any current or prospective employee for employment for any specified period or to make any promises or commitments contrary to the foregoing. Further, any employment agreement entered into by the President shall not be enforceable unless it is in writing.

Applicant's Signature _____ Date _____

Confidential and Voluntary

IDRI is required by federal law to maintain records as part of its affirmative action program. Please answer the appropriate questions below. Please beware that you are not obligated to complete this portion of the form, and that any information you do provide voluntarily will be maintained in a separate confidential file and will not be provided to the hiring department or be used for or have any effect on any hiring decisions.

Please check your appropriate ethnicity / race. A description of each category as defined by the Equal Employment Opportunity Commission appears below.

I consider myself to be **Hispanic** or **Latino**.

If you do not consider yourself to be Hispanic or Latino, please check the appropriate box or boxes below. It is okay to check more than one of the follow categories:

I consider myself to be **White**.

I consider myself to be **Black** or **African-American**.

I consider myself to be **Native Hawaiian** or **Other Pacific Islander**.

I consider myself to be **Asian** (*not* Hispanic or Latino).

I consider myself to be **American Indian** or **Alaska Native**.