

**Application for Employment**  
**Biotest Laboratories, Inc.**  
**9303 West Broadway**  
**Brooklyn Park, MN 55445**  
**Phone: 763-315-1200 Fax: 763-315-1201**  
**www.biotestlabs.com**

**Important: All areas of the application must be completed.**

1. Title of Position for Which You Are Applying	2. Date Available to Work	3. Are you at least 18 years of age? Yes _____ No _____
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4. Last Name _____ First Name _____ Middle Name _____	5. Email Address _____
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6. Home Telephone _____	7. Work Telephone _____	8. Mobile Telephone _____
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9. Street Address _____	10. City, State, Zip Code _____
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11. Are you a United States Citizen or legally eligible to work in the U.S.? If hired, you will be required to provide documentation that you are eligible to work in the United States.  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If "Yes", please provide dates and details: \_\_\_\_\_

12. Employment Condition Desired: (Check one) Regular Full Time _____ Regular Part-Time _____ Seasonal/Temporary _____	13. Please list your Drivers License number, state issued in, and the class. <b>Number</b> _____ <b>State</b> _____ <b>Class</b> _____
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14. Education: Did you graduate from high school or receive a GED? Yes \_\_\_\_\_ No \_\_\_\_\_  
 How many years of schooling have you completed? (Circle one) 12 13 14 15 16 17 18 19 20

TYPE OF SCHOOL	NAME AND LOCATION	# YEARS COMPLETED	MAJOR AREA OF STUDY	DEGREE / DIPLOMA RECEIVED
High School				
Trade/Business/Vocational				
Undergraduate Studies				
Graduate Studies				
Apprenticeship(s) Served or Trade Learned				

15. Please list any first aid and /or CPR training and certifications you currently hold; include expiration date.

16. Please list relevant professional memberships, registrations or licenses; include expiration date.

17. Please check **only** the software programs you are proficient in and years of **professional** experience with each program.

Microsoft Word	<u># of Years</u>	Microsoft Publisher	<u># of Years</u>	Auto Cad	<u># of Years</u>
Microsoft Access	_____	Other	_____	Windows	_____
Microsoft Excel	_____	Other	_____	AS/400	_____
Microsoft Power Point	_____	Other	_____		

18. Typing Speed: _____	19. Transcription Speed: _____	20. Ten-Key Speed: _____
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21. Work Experience. Experience and rating are determined by this information; please be complete. List complete employment history, beginning with most recent position. Include paid and unpaid experience. Attach additional sheets if needed. **DO NOT USE "SEE RESUME" OR SIMILAR STATEMENT.**

Employing Firm _____ Address _____ City _____ State _____ Phone Number _____ Your Title _____ Supervisor _____ Supervisor's Title _____ Number of Positions You Supervised _____	<b>Length of Employment</b> From (Month/Year) _____ To (Month/Year) _____ Total (Years/Months) _____  Hours Worked Per Week _____  Last Salary/Wage _____  Reason for Leaving or Seeking Other Employment _____ _____ _____  May we contact this employer? Yes           No																						
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23. References. List three professional references you have known at least one year who can attest to your work qualities.

Name	Relationship to You	Address	Telephone Number

24. Authorization to Collect, Use, and Release Information

As an applicant for a position with Biotest Laboratories, Inc., I hereby expressly authorize the collection, use and release of any and all information concerning me, including information of a confidential or privileged nature that relates to my employment.

I hereby release Biotest Laboratories, Inc., with which I am seeking employment, from any liability that may result from releasing information requested.

I also expressly authorize the release by my present and past employers **(please list those we may contact)**

\_\_\_\_\_  
\_\_\_\_\_

including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless the above stated prior employer(s) from any liability whatsoever arising out of its release of information pursuant to this release.

I understand that this authorization may be revoked in writing by me at any time, and in no event will it be valid for more than one year from its stated date.

\_\_\_\_\_  
Applicant's Full Printed Name

\_\_\_\_\_  
Applicant's Signature

25. Auxiliary Aids and Assistance

If, due to a disability, you need assistance to complete an application or if you anticipate you will need auxiliary aids or service in the selection process, please notify the Human Resources Office at 763-315-1200.

26. Signature

To the best of my knowledge, the information included in this application is accurate and true. I understand misrepresentation or omission of facts in connection with my application may be sufficient cause, in and of itself, for dismissal whenever discovered.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

