



PO Box 7193 ♦ Rochester, MN 55903
Phone: (877) 275-2986 ♦ Email: HR@cytotherapyx.com

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position: _____ Date: _____

Name: _____

Address: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Email: _____

Are you aware of any circumstances, which would prevent you from becoming lawfully employed in the United States? _____ Yes _____ No

Are you at least 18 years of age? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, describe conditions: _____

Are you currently employed? _____ Yes _____ No

If so, may we contact your present employer? _____ Yes _____ No

On what date would you be available for work? _____

Are you available to work: Full Time _____ Part Time _____
Weekends _____ Holidays _____

Salary desired: _____

You were referred to us by? _____

EDUCATION

Table with 4 columns: Name & Location of School, No. of Years Completed, Type of Diploma. Rows include High School, College, and Technical or Trade School.

Describe any specialized training, apprenticeship, extracurricular activities or skills: _____

Military Service

Branch: _____ Date of Honorable Discharge _____
Rank at Discharge _____
Specialized Training Received _____

EMPLOYMENT EXPERIENCE

Start with your present or most recent job.

Employer _____	Dates Employed _____
Address _____	Salary _____
Employer Phone Number _____	Supervisor _____
Reason for Leaving _____	
Job Title/Work Performed _____	

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Address _____	Salary _____
Employer Phone Number _____	Supervisor _____
Reason for Leaving _____	
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Address _____	Salary _____
Employer Phone Number _____	Supervisor _____
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Special Skills and Qualifications:

PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered? _____ Yes _____ No

If so, what can be done to accommodate your limitation? _____

REFERENCES

Give the names of three people not related to you, whom you have known at least one year. Work related preferred.

Name	Address	Business	Years Known	Day & Evening Phone Numbers
1.				
2.				
3.				

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date