



www.championsoncology.com

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APPLICATION FOR EMPLOYMENT

POSITION DESIRED:		TODAY'S DATE:	
DESIRED POSITION: FULL-TIME <input type="checkbox"/>		PART-TIME NUMBER OF HOURS PER WEEK? <input type="checkbox"/>	
HAVE YOU APPLIED WITH THIS COMPANY BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES, DATES?			
SALARY RANGE DESIRED:			
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE AVAILABLE:	
FULL NAME	FIRST, MIDDLE, LAST		
CURRENT ADDRESS	STREET, CITY, STATE-ZIP		
HOME PHONE #:		CELL PHONE #:	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHEN, WHERE, AND WHAT WAS THE DISPOSITION OF THE CASE?			
NOTE: Answering "yes" to this question does not constitute an automatic bar for employment. Factors such as the date of the offense, seriousness and nature of the violation, and the amount of time that has elapsed since the conviction and the nature of the job as it relates to the nature of the offense committed are taken into consideration.			
CAN YOU PERFORM THE DUTIES OF THE JOB YOU ARE APPLYING FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF A DRIVER'S LICENSE IS REQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		PROVIDE LICENSE #, STATE AND EXPIRATION DATE:	
REFERRED BY:			
WORK HISTORY (Must be completed) List last three employers starting with most recent			
EMPLOYER/COMPANY:		PHONE NUMBER:	
CITY, STATE, ZIP		REASON FOR LEAVING:	
SUPERVISOR-NAME & TITLE:		ENDING SALARY: \$	
BEGINNING & ENDING DATES OF EMPLOYMENT: (MONTH/YEAR)			
POSITION/TITLE – DESCRIBE DUTIES			
MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

WORK HISTORY (Must be completed)	
EMPLOYER/COMPANY:	PHONE NUMBER:
CITY, STATE, ZIP	REASON FOR LEAVING:
SUPERVISOR-NAME & TITLE:	ENDING SALARY: \$
BEGINNING & ENDING DATES OF EMPLOYMENT: (MONTH/YEAR)	
POSITION/TITLE – DESCRIBE DUTIES	
WORK HISTORY (Must be completed)	
EMPLOYER/COMPANY:	PHONE NUMBER:
CITY, STATE, ZIP	REASON FOR LEAVING:
SUPERVISOR-NAME & TITLE:	ENDING SALARY: \$
BEGINNING & ENDING DATES OF EMPLOYMENT: (MONTH/YEAR)	
POSITION/TITLE – DESCRIBE DUTIES	

EXPLAIN IN DETAIL ANY GAPS IN YOUR EMPLOYMENT HISTORY:
HAVE YOU EVER BEEN INVOLUNTARILY TERMINATED OR ASKED TO RESIGN FROM A POSITION? <input type="checkbox"/> NO <input type="checkbox"/> YES, PROVIDE DETAIL
HAVE YOU EVER USED ANOTHER NAME? <input type="checkbox"/> NO <input type="checkbox"/> YES, PLEASE PROVIDE:
IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
SKILLS, RELEVANT EXPERIENCE, QUALIFICATIONS
LIST ANY INFORMATION THAT YOU FEEL IS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

EMPLOYMENT REFERENCES – MUST BE COMPLETED			
NAME:	POSITION/TITLE:	CITY, STATE:	PHONE NUMBER:
NAME:	POSITION/TITLE:	CITY, STATE:	PHONE NUMBER:
NAME:	POSITION/TITLE:	CITY, STATE:	PHONE NUMBER:

TYPE	NAME/ CITY, STATE	MAJOR/MINOR	WHAT DIPLOMA/DEGREE WAS EARNED?
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			

NOTIFICATION & AGREEMENT (Please initial where indicated)
BACKGROUND INVESTIGATION: I understand that the Company may investigate my criminal record. I understand that I have the right to make a written inquiry within a reasonable period of time to receive information about the nature and scope of this investigation. Initials _____
ACCURACY: I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of facts on this application (or other information provided) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered by the Company. Initials _____
AUTHORIZATION: I authorize the company to obtain information about me from my previous employers, schools, and business references. I authorize my previous employers, business references, and any schools that I have attended to disclose to the company such information about me as the company may request. Initials _____
EMPLOYMENT RELATIONSHIP: Employment with Company is voluntarily entered into, and the employee is free to resign at will at any time, with or without cause. Similarly, Company may terminate the employment relationship at will at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law. Initials _____
PROOF OF IDENTITY & LEGAL WORK AUTHORIZATION: I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired or rehired. Failure to submit such proof within the required time shall result in immediate termination of employment. Initials _____

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS

Signature

Date