



## Concierge Phlebotomy Services

Origin Concierge Phlebotomy Services is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

***Please fill out all the sections below:***

### **Applicant Information** *Applicant Name:*

\_\_\_\_\_  
*Address:* \_\_\_\_\_  
*City, State* \_\_\_\_\_  
*and Zip* \_\_\_\_\_  
*Code:* \_\_\_\_\_  
*Telephone Number.* \_\_\_\_\_  
*Email Address:* \_\_\_\_\_

*Date of Application:* \_\_\_\_\_

### **Employment Position**

*Position(s) applying for: Phlebotomist*

How did you hear about this \_\_\_\_\_  
position? \_\_\_\_\_

What days are you available for \_\_\_\_\_  
work? \_\_\_\_\_

On what date can you start working if you are hired?

Do you have reliable transportation to and from work?

### **Personal Information**

Have you ever applied to or worked for Origin Concierge Phlebotomy Services before? Yes No If  
yes, when? \_\_\_\_\_

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status? \_\_\_\_\_

Will you consent to a mandatory controlled substance test? Yes No  
Do you have any condition which would require job accommodations? Yes No  
If yes, please describe accommodation required below. \_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No  
If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:  
\_\_\_\_\_  
\_\_\_\_\_

### Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

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*(Note: Origin Concierge Phlebotomy Services complies with the ADA and considers 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 )* **Education and Training**

#### High School

Name	Location (City, State)	Year Graduated	Degree Eamed
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#### College/University

Name	Location (City, State)	Year Graduated	Degree Earned
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#### Vocational School Specialized Training

Name	Location (City, State)	year Graduated	Degree Earned
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### Military:

Are you a member of the Armed Services? \_\_\_\_\_  
What branch of the military did you enlist? \_\_\_\_\_  
What was your military rank when discharged? \_\_\_\_\_  
How many years did you serve in the military? \_\_\_\_\_  
What military skills do you possess that would be an asset for this position? \_\_\_\_\_  
\_\_\_\_\_

### Previous Employment Employer Name:

Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

**Employer Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

**Employer Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

### References

Please provide 2 personal and professional reference(s) below:

Reference

Contact Information

### Additional information:

Do you have a copy of your Hepatitis 8 titer, varicella titer, MMR titer?

Copy of Certification of Phlebotomy

Have you had a livescan fingerprint within the last 5 years?

### AT-WILL EMPLOYMENT

The relationship between you and Origin Concierge Phlebotomy Services is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Origin Concierge Phlebotomy Services. No representative of Origin

Concierge Phlebotomy Services has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_