1451 Hwy 20 West
McDonough, Ga. 30253
Toll Free 800-241-3017
Local 770-478-0007
Fax 770-478-7373

Please fill out the application completely. If the application is incomplete, it will not be considered!

Full Name: _____ Date: _____
First M.I. Last

Address: _____
Street Address Apartment Unit #

_____
City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____

Desired Salary: _____ Position Applied For: _____

1. Are you at least 18 years old? ☐ Yes ☐ No

2. Availability to Work (check one) ☐ Full Time ☐ Part Time ☐ Evenings ☐ Weekends

3. Are you a citizen of the United States? ☐ Yes ☐ No

If no, are you authorized to work in the U.S.? ☐ Yes ☐ No

A#: _____

4. Have you ever worked for this company? ☐ Yes ☐ No If yes, when? _____

5. Do you have a family member or friend working at Vitalabs? ☐ Yes ☐ No If yes, who? _____

6. Can you lift 50 lbs.? ☐ Yes ☐ No

7. Are you able to stand on your feet for 8 or more hours? ☐ Yes ☐ No

8. List Languages you can read and write: _____

9. Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, explain: _____

_____

Note: Background check will be conducted, and new applicants will be administered a Drug Test.

Education

High School: _____ Address: _____

From: _____ to _____ Did you graduate? ☐ Yes ☐ No Diploma: _____

College: _____ Address: _____

From: _____ to _____ Did you graduate? ☐ Yes ☐ No Degree: _____

Other: _____ Address: _____

From: _____ to _____ Did you graduate? ☐ Yes ☐ No Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Have you been referred by an employee at Vitalabs? ☐ Yes ☐ No

If yes, who? _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $_____ Ending Salary: $_____

Responsibilities: _____

From: _____ to _____ Reason for Leaving: _____

May we contact the previous supervisor for reference? ☐ Yes ☐ No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $_____ Ending Salary: $_____

Responsibilities: _____

From: _____ to _____ Reason for Leaving: _____

May we contact the previous supervisor for reference? ☐ Yes ☐ No

Military Service

Branch: _____ From: _____ to _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____