# LILLESTOL RESEARCH LLC

Employment Application (2023)



APPLICANT INFORMATION							
Last Name First				M.I.	Date		
Street Address				Apartment/Unit #			
City	State			ZIP			
Phone	E-mail Ad	dress		<u>~</u>			
Date Available	·	Desired Sa	ılary				
Position Applied for: Part-time [ ] Full-time [ ]			Clinical Research Coordinator [ ] Clinical Research Assistant [ ] Administrative [ ] Financial [ ] Management [ ] Marketing [ ] Other [ ] Specify:				
How or by whom were you referred to Lillestol Research?							
What days and hours are you available to work?							
Have you ever applied to /worked for Lillertol Pacearch? If	vec pleace	evolain (in	clude dates):				
Have you ever applied to/worked for Lillestol Research? If yes, please explain (include dates):							
Do you have any friends, relatives, or acquaintances working for Lillestol Research? If yes, please state name & relationship:							
If hired will you have transportation to/from work? Yes [ ] No [ ]			Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Yes [ ] No [ ]				
If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?							
Yes [ ] No [ ]							
If hired, are you willing to submit to and pass a controlled substance test? Yes [ ] No [ ]							
Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? If no, describe the functions that cannot be performed. Yes [] No [] (Note: Lillestol Research complies with the ADA and consider 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.)							

# Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes [] NO [] If yes, please describe the crime-state nature of crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

### EDUCATION, TRAINING AND EXPERIENCE

High School:						
Address:						
City:	State:			Zip:		
Number of years completed?	Did you Graduate? Yes [ ] No [ ]		De	Degree/Diploma earned:		
College:						
Address:						
City:	State:		Zij	Zip:		
Number of years completed?	Did you Graduate? Yes [ ] No [ ]		De	Degree/Diploma earned:		
College:	1					
Address:						
City:	State:	State:		Zip:		
Number of years completed?	umber of years completed? Did you Gradua			Degree/Diploma earned:		
Vocational School:						
Address:						
City:	State:		Zip:			
Number of years completed?	Did you Graduate? Yes [ ] No [ ]		Degree/Diploma earned:			
Military:	·					
Branch:		Rank in Military:				
Total years of service:		Skills/duties:				
Related details:						

REFERENCES					
Please list at least three references that are not related to you by blood or marriage. Previous employment references preferred.					
Full Name	Phone:				
How long have you known this reference?	How do you know this reference?				
Full Name	Phone:				
How long have you known this reference?	How do you know this reference?				
Full Name	Relationship				
How long have you known this reference?	How do you know this reference?				

PREVIOUS EMPLOYMENT							
Company		Phone ( )					
Address		Supervisor					
Job Title	Starting Salary	\$	Ending Salary	\$			
Responsibilities							
From To							
Reason for leaving							
May we contact your previous supervisor for a reference? YES [ ] NO [ ]							
Company		Phone ( )					
Address		Supervisor					
Job Title	Starting Salary	\$	Ending Salary	\$			
Responsibilities							
From To							
Reason for Leaving							
May we contact your previous supervisor for a reference? YES [ ] NO [ ]							
Company		Phone ( )					
Address		Supervisor					
Job Title	Starting Salary	\$	Ending Salary	\$			
Responsibilities							
From To							
Reason for Leaving							
May we contact your previous supervisor for a reference? YES [ ] NO [ ]							

#### **ADDITIONAL INFORMATION**

Do you speak, write or understand any foreign languages? If yes, describe which language(s) and how fluent of a speaker you consider yourself to be.

Do you have a medical background, education or training? If so, please describe, including specifying what areas of medicine.

Do you have clinical research experience? If so, please describe.

Do you have any certificates, honors or awards you feel would be applicable to this position? If so, please describe.

Do you have any other experience, training, qualifications or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? If yes, please explain.

### **DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete 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