



1555 Industrial Way
SPARKS, NV 89431

Tel. 775.433.1181 www.parangogeochem.com

APPLICATION FOR EMPLOYMENT

Paragon Geochemical Laboratories is an Equal Opportunity Employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other protected status under local, state or federal laws.

Notification of the need for reasonable accommodation in the application process: If you need an accommodation to complete the application and/or the interview process, please notify us in advance so we can make appropriate arrangements.

Date: _____ Position(s) Applied For: _____

PERSONAL INFORMATION

Name - Last, First, Middle:	
Mailing Address, City, State, Zip Code:	Home Phone:
Physical Address, City, State, Zip Code: (If different than above).	Work Phone:
E-Mail Address:	Cell/Message Phone:
Are you 18 years of age or older? Mark one box below. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of or entered a plea of guilty to a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide date(s) and details:	Do you currently hold NV Drivers License? Yes <input type="checkbox"/> No <input type="checkbox"/>

GENERAL INFORMATION

Date Available:	Salary Requirements:	Are you willing to travel? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employment Desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> No Preference <input type="checkbox"/>	Are you available to work shift work, including evenings, graveyard, Saturdays and Sundays if required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been employed by Paragon Geochemical? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date(s) and location(s) of employment:		How were you referred to Paragon?

EMPLOYMENT HISTORY

Instructions:

Account for all periods of employment and unemployment. Attach additional pages if necessary. Begin with your current or most recent employer, list all employers for whom you have worked, either full-time or part-time, since you completed your full-time education. **DO NOT WRITE "SEE RESUME"**. Include relevant employment before you completed your education. Describe periods of unemployment, giving dates and reasons on a separate sheet and attach to this application.

Current or Last Employer:	Telephone Number:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:		Dates Employed: From: _____ To: _____
Supervisor's Name & Title:		Starting Pay: _____ Final Pay: _____
Job Duties:		Reason for Leaving:
Employer:	Telephone Number:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:		Dates Employed: From: _____ To: _____
Supervisor's Name & Title:		Starting Pay: _____ Final Pay: _____
Job Duties:		Reason for Leaving:
Employer:	Telephone Number:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:		Dates Employed: From: _____ To: _____
Supervisor's Name & Title:		Starting Pay: _____ Final Pay: _____
Job Duties:		Reason for Leaving:
Employer:	Telephone Number:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:		Dates Employed: From: _____ To: _____
Supervisor's Name & Title:		Starting Pay: _____ Final Pay: _____
Job Duties:		Reason for Leaving:
Employer:	Telephone Number:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:		Dates Employed: From: _____ To: _____
Supervisor's Name & Title:		Starting Pay: _____ Final Pay: _____
Job Duties:		Reason for Leaving:

EDUCATION & QUALIFICATIONS

Name of School or Institution (list most recent first)	Location	Graduated	Degree/Certificate Type
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Special Skills, Qualifications, & Training:			
List Equipment, Machines, and/or System Operating and/or Maintaining Skills, and Proficiency Level:			
Military Service (Branch of Service, Highest Rank Achieved, Special Training, etc.):			

I certify that the facts and information provided on this application and attachments/supporting documents are true, correct, and complete to the best of my knowledge. I understand that any misleading or illegible information, omission, or falsification of this information will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize Paragon Geochemical and/or their assigned representatives to verify the information set forth in this application and to obtain additional information relating to my employment background, character, and qualifications. I authorize and will provide additional authorization as requested to all persons, schools, companies, corporations, credit bureaus, law enforcement agencies, and my present and/or prior employers to supply Paragon Geochemical and/or their assigned representatives any information concerning my employment background, character, and qualifications, and release all parties from all liability for any damage resulting from furnishing the same to Paragon Geochemical.

I understand that any offer of employment is conditioned upon the satisfactory completion of a background/reference check.

I hereby consent to a post-offer, pre-employment medical examination and inquiries, and post-offer, pre-employment drug test, and I understand that any offer of employment will be contingent upon satisfactory results of such examination of inquiries and screenings. If I accept an offer for a position that is subject to the Paragon Geochemical Essential Functions Evaluation, I understand any offer of employment will be contingent upon passing this evaluation.

If employed, I understand, as a condition of employment, that I must provide documentation that verifies I am authorized to work in the United States of America, as required by law, within three days of my first day of employment. I understand that failure to provide this will result in immediate termination of employment.

My signature below indicates I have read, reviewed, and agree with the information provided in this application, and I agree to the statements above.

Applicant Signature

Date

Applicant Printed Name