



Candidate Background Check Form

Please type or print clearly, provide accurate information and complete this form in its entirety. Failure to do so may delay processing.

NAME (must exactly match the name on your Social Security Card)

First: _____ Middle: _____ Last: _____ Suffix: (Jr., Sr., etc) _____

Maiden Name* or
Other Names Used: _____ Home
Phone: (____) _____

Social Security
Number: _____ - _____ - _____

RESIDENCE ADDRESSES (cannot be a P.O. Box) FOR THE LAST 7 YEARS (attach additional pages if needed)

Current

Address #1: _____ How Long: _____

City: _____ State: _____ Zip: _____ County: _____

Former

Address #2: _____ How Long: _____

City: _____ State: _____ Zip: _____ County: _____

Former

Address #3: _____ How Long: _____

City: _____ State: _____ Zip: _____ County: _____

CRIMINAL HISTORY

NOTE: A conviction is NOT an automatic bar to employment. Omissions or misrepresentations may be an automatic bar to employment. All circumstances will be considered.

In the last 7 years ONLY, have you:

- been convicted or plead guilty or nolo contendere to a crime or other offense that has not been expunged, pardoned, annulled, discharged or sealed by a court? (do NOT reveal any youthful offender convictions or pleas) Yes ☐ No ☐
 - If yes, indicate the crime or other offense for which you have been convicted or plead guilty or nolo contendere, and the date and place (city and state) of each conviction or plea:

- If you would like to provide an explanation of any such conviction or plea, please do so here (attach additional pages if needed):

Have you EVER:

- been excluded, debarred, suspended, or otherwise deemed ineligible to participate in federal health care programs or in federal procurement or non-procurement programs? Yes ☐ No ☐

- If yes, please explain the circumstances (attach additional pages if needed):

Have you EVER (cont'd):

- been convicted or plead guilty or nolo contendere to a criminal offense related to a federal health care program, but not yet been excluded, debarred, suspended, or otherwise declared ineligible to participate in such programs?

Yes ☐ No ☐

- If yes, please explain the circumstances (attach additional pages if needed):

THIS PART APPLIES ONLY TO DRIVING POSITIONS (e.g. Route Service Reps, Sales, Phlebotomy Floaters, etc.):
In the last 3 years ONLY, have you:

- had a valid driver's license? Yes ☐ No ☐
- had any tickets, citations or moving violations? If so, how many? _____
- had your driver's license revoked or suspended? Yes ☐ No ☐
- If yes, explain in detail (attach additional pages if needed):

- been convicted or plead guilty or nolo contendere to leaving the scene of an accident? Yes ☐ No ☐
- been convicted or plead guilty or nolo contendere to driving under the influence of alcohol or drugs or refusing to take a breathalyzer test? Yes ☐ No ☐

Drivers License
Number: _____

Drivers License
Issuing State: _____

PREVIOUS QUEST DIAGNOSTICS EMPLOYMENT

Have you ever worked for Quest Diagnostics or any of its affiliated companies (e.g., AmeriPath, Focus, Specialty, SBCL, LabOne, AML, MedPlus, Corning, Nichols Inst.)? ☐ **Yes** ☐ **No**

If "Yes", in what position(s)? _____

Location(s)? _____ Dates of Employment? _____

Do you have any relatives working for Quest Diagnostics or any of its affiliated companies? ☐ **Yes** ☐ **No**

If "Yes," who and what is his/her position and relationship to you? _____

May we contact your current employer? ☐ **Yes** ☐ **No***

*If No, your current employer may be contacted after you accept an offer of employment.

EMPLOYERS FOR LAST 7 YEARS (attach additional pages if needed)

Current (or most recent) Employer

Company Name #1: _____ County: _____

Address _____ City _____ State: _____ Zip: _____

Job Title: _____ Ending Salary: _____ Supervisor Name: _____ Supervisor Phone Number (required): (____) _____

Employed From (mo/yr): _____ to (mo/yr): _____ Reason for Leaving: _____

Company Name #2: _____ County: _____

Address _____ City _____ State: _____ Zip: _____

Job Title: _____ Ending Salary: _____ Supervisor Name: _____ Supervisor Phone Number (required): (____) _____

Employed From (mo/yr): _____ to (mo/yr): _____ Reason for Leaving: _____

Company Name #3: _____ County: _____

Address _____ City _____ State: _____ Zip: _____

Job Title: _____ Ending Salary: _____ Supervisor Name: _____ Supervisor Phone Number (required): (____) _____

Employed From (mo/yr): _____ to (mo/yr): _____ Reason for Leaving: _____

Company Name #4: _____ County: _____

Address _____ City _____ State: _____ Zip: _____

Job Title: _____ Ending Salary: _____ Supervisor Name: _____ Supervisor Phone Number (required): (____) _____

Employed From (mo/yr): _____ to (mo/yr): _____ Reason for Leaving: _____

EDUCATION INFORMATION (last school graduated or certified)

School Name: _____ City _____ State: _____

Degree or Certificate Earned: _____ Dates Attended From (mo/yr): _____ to (mo/yr): _____

The information that I have provided on this form is true and complete to the best of my knowledge. I understand that any misrepresentation or omission in my application, resume or any other materials I submit to the company or during my interviews may result in denial of employment or discharge regardless of when discovered.

Candidate Signature: _____ Date: ____/____/____

To be completed by HR only after a job offer has been accepted:

Date of Birth*: ____/____/____

QUEST DIAGNOSTICS IS AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER