

**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**

**Home**

**Other Names Used:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 toemployment. 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 |

1. 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:

\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 

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

\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**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 

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

\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 |  |

1. If yes, explain in detail (attach additional pages if needed):

\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  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** **Drivers License**

**Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **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)***

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**Current** (or most recent) **Employer**

**Company Name #1**:\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_\_\_\_**\_\_**\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_ **County:** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_

**Address** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_ City** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_ **State**:\_\_\_**\_\_**\_\_**\_**\_\_\_ **Zip**:\_\_\_**\_\_**\_\_**\_**\_\_

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| **Job** |  |  |  |  |  | **Ending** |  |  |  |  |  | **Supervisor** |  |  |  |  |  | **Supervisor Phone** |  |  |  |  |  |  |  |
| **Title:** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_**\_\_**\_\_ **Salary:** \_\_ | \_**\_\_**\_\_**\_**\_**\_** **Name:** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_**\_\_**\_\_ **Number (**required**):** ( | ) \_\_\_**\_\_\_**\_\_**\_**\_\_ |
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| **Employed** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Reason** |  |  |  |  |  |  |  |

**From (mo/yr):** \_\_\_**\_\_**\_\_**\_**\_ \_\_\_\_**\_ to (mo/yr):** \_\_\_**\_\_**\_\_\_\_\_\_\_\_\_\_\_**\_** **for Leaving:** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_

**Company Name #2**:\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_\_\_\_**\_\_**\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_ **County:** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_

**Address** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_ City** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_ **State**:\_\_\_**\_\_**\_\_**\_**\_\_\_ **Zip**:\_\_\_**\_\_**\_\_**\_**\_\_

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| **Job** |  |  |  |  |  | **Ending** |  |  |  |  |  | **Supervisor** |  |  |  |  |  | **Supervisor Phone** |  |  |  |  |  |  |  |
| **Title:** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_**\_\_**\_\_ **Salary:** \_\_ | \_**\_\_**\_\_**\_**\_**\_** **Name:** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_**\_\_**\_\_ **Number (**required**):** ( | ) \_\_\_**\_\_\_**\_\_**\_**\_\_ |
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| **Employed** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Reason** |  |  |  |  |  |  |  |

**From (mo/yr):** \_\_\_**\_\_**\_\_**\_**\_ \_\_\_\_**\_ to (mo/yr):** \_\_\_**\_\_**\_\_\_\_\_\_\_\_\_\_\_**\_** **for Leaving:** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_

**Company Name #3**:\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_\_\_\_**\_\_**\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_ **County:** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_

**Address** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_ City** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_ **State**:\_\_\_**\_\_**\_\_**\_**\_\_\_ **Zip**:\_\_\_**\_\_**\_\_**\_**\_\_

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| **Job** |  |  |  |  |  | **Ending** |  |  |  |  |  | **Supervisor** |  |  |  |  |  | **Supervisor Phone** |  |  |  |  |  |  |  |
| **Title:** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_**\_\_**\_\_ **Salary:** \_\_ | \_**\_\_**\_\_**\_**\_**\_** **Name:** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_**\_\_**\_\_ **Number (**required**):** ( | ) \_\_\_**\_\_\_**\_\_**\_**\_\_ |
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| **Employed** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Reason** |  |  |  |  |  |  |  |

**From (mo/yr):** \_\_\_**\_\_**\_\_**\_**\_ \_\_\_\_**\_ to (mo/yr):** \_\_\_**\_\_**\_\_\_\_\_\_\_\_\_\_\_**\_** **for Leaving:** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_

**Company Name #4**:\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_\_\_\_**\_\_**\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_ **County:** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_

**Address** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_ City** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_ **State**:\_\_\_**\_\_**\_\_**\_**\_\_\_ **Zip**:\_\_\_**\_\_**\_\_**\_**\_\_

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| **Job** |  |  |  |  |  | **Ending** |  |  |  |  |  | **Supervisor** |  |  |  |  |  | **Supervisor Phone** |  |  |  |  |  |  |  |
| **Title:** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_**\_\_**\_\_ **Salary:** \_\_ | \_**\_\_**\_\_**\_**\_**\_** **Name:** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_**\_\_**\_\_ **Number (**required**):** ( | ) \_\_\_**\_\_\_**\_\_**\_**\_\_ |
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| **Employed** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Reason** |  |  |  |  |  |  |  |

**From (mo/yr):** \_\_\_**\_\_**\_\_**\_**\_ \_\_\_\_**\_ to (mo/yr):** \_\_\_**\_\_**\_\_\_\_\_\_\_\_\_\_\_**\_** **for Leaving:** \_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_**\_\_**\_\_\_\_\_**\_\_**\_\_**\_**\_\_\_\_\_\_\_\_\_

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|  |  | **EDUCATION INFORMATION (*last school graduated or certified*)** |  |
|  | **School Name**: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State**: **\_\_\_\_\_\_\_\_\_** |  |
|  | Degree or | Dates Attended |  |

Certificate Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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**

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