

**CEDRA Corporation  
CEDRA Clinical Research, LLC**

Application for Employment  
(All Locations)

*An Equal Opportunity Employer*

Submit completed application and questions to  
Human Resources Department

(512) 834-7766 phone  
(512) 450-6060 fax  
[hr@cedracorp.com](mailto:hr@cedracorp.com)

**Personal Information**

DATE

LAST

FIRST

M.

**PRESENT ADDRESS** Check box if present address is the same as permanent address.

STREET & NUMBER

CITY

STATE

ZIP

**PERMANENT ADDRESS**

STREET & NUMBER

CITY

STATE

ZIP

TELEPHONE NUMBER

( ) -

E-MAIL ADDRESS

Are you 18 or older? Yes  No

**EMERGENCY NOTIFICATION**

NAME

ADDRESS

PHONE NUMBER

( ) -

**Employment Desired**

POSITION

LOCATION

DATE AVAILABLE FOR EMPLOYMENT

SALARY DESIRED

\$ Per

Have you previously worked for CEDRA or Worldwide Clinical Trials? Yes  No

If yes, when and reason for leaving?

Are you employed now? Yes  No  If so, may we contact your present employer? Yes  No

Are you willing to work overtime as needed? Yes  No

Are you able to perform the essential functions of the position for which you have applied, with or without accommodation?  
Yes  No  If no, please explain.

Have you ever been convicted of, pled guilty to, or pled no contest to a criminal charge, or have you ever received probation or deferred adjudication for a criminal charge? Yes  No  If so, please explain. (will not necessarily exclude you from consideration)

Education		
High School Attended/Location	No. of years attended	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Subject Studied?
Name of College: Address: Phone Number:	Major:  No. of years attended	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Degree Received? Yes <input type="checkbox"/> No <input type="checkbox"/> Date Received?
Trade Business or Correspondence School	No. of years attended	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Degree Received? Yes <input type="checkbox"/> No <input type="checkbox"/>
Special Training, Skills or Licenses?		
Former Employers (List below last three employers, starting with last one first.)		
Name of Present or Last Employer		
Address		
Phone Number	Starting Date	Leaving Date
( ) -		
Weekly Starting Salary	Ending	
Job Title	May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Name/Title of Supervisor	
Description of Work		
Reason for Leaving		
Name of Last Employer		
Address		
Phone Number	Starting Date	Leaving Date
( ) -		
Weekly Starting Salary	Ending	
Job Title	May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Name/Title of Supervisor	

Former Employers (continued)				
Description of Work				
Reason for Leaving				
Name of Last Employer				
Address				
Phone Number	Starting Date	Leaving Date	Weekly Starting Salary	Ending
( ) -				
Job Title	May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name/Title of Supervisor				
Description of Work				
Reason for Leaving				
References (Give below the names of three persons not related to you, whom you have known at least one year.)				
Name	Business	Years Acquainted	Phone No.	
			( ) -	
			( ) -	
			( ) -	
Service Record				
Branch of Service		Discharge Date		Rank
Present Membership in National Guard or Reserves				Date Obligations End

## Authorization

Federal Laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of each applicant's identity and employment authorization, and it will be necessary for you to submit such documents as required by law to verify your identification and employment authorization upon employment.

Are you authorized to work for all employers in the United States on a full-time basis, or only for your current employer?  
All Employers  Current employer only

## One More Thing

To better offer employment to qualified persons please indicate how you heard about job positions at CEDRA Clinical Research LLC.

- Newspaper
- Online
- Referral Name:
- Other

If Other please explain:

## PREEMPLOYMENT STATEMENT (Please read carefully and sign the statement below.)

### ***I understand and agree that:***

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews can be justification of refusal of employment, or if employed, termination from CEDRA Corporation employ.
2. Any offer of employment I may receive from CEDRA Corporation is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references, background checks, and drug screening.
3. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of: the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
4. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of the company. Only than the President, Vice President, or Human Resources, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing, signed by me, and by one of the individuals designated above.

**SIGNATURE:**

**DATE:**