



PinPoint Phlebotomy

Bringing quality care and service to your door step

Employment Application

Full Name: _____

Address: _____

City, State, Zip: _____

Preferred contact number:

CELL #: _____ HOME #: _____

Drivers License #: _____

Employment details:

What areas of Fairfield County are you willing to cover? _____

What days/hours are you available for home draws? _____

Can Pinpoint call you for STAT home draws? _____

Education level: _____

Valid Certifications _____

Describe yourself in 10
words: _____
