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**EMPLOYMENT APPLICATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SSN:** |  | | | | | | | | | | | | | | | | | | **DATE:** | | | |  | | | | | | | |
| **Last Name:** | | | |  | | | | | | | | **First Name:** | | | | | | | | |  | | | | | | | **Middle Initial:** | |  |
| **Address:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City:** |  | | | | | | | | | | | | | **State:** | | | |  | | | | | | | | | **Zip:** | |  | |
| **Telephone:** | | | | | | **(**     **)** | | | | | | | | | **E-Mail Address:** | | | | | | | | |  | | | | | | |
| **Business Phone:** | | | | | | **(**     **)** | | | | | | | | | **May we contact you at work?** | | | | | | | | | | **Yes  No** | | | | | |
| **Are you 18 years of age or older:**  **Yes**  **No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If hired, can you provide written evidence that you are authorized to work in the U.S.?  Yes  No**  **Are you a U.S. Citizen?  Yes  No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you ever been convicted of a felony:  Yes  No**  **If yes, list date, state and nature of offense:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offence, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMPLOYMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Position Desired** | | | | |  | | | | | | | | | | | | | | | | | **Salary Desired** | | | |  | | | | |
| **Are you applying for:** | | | | | | | | | **Full-time work  Part-time work  Temporary work (summer, internship)** | | | | | | | | | | | | | | | | | | | | | |
| **How did you learn about Angel Medical:** | | | | | | | | | **Advertisement  Employee (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Fair  College Recruiting  Internet** **Other** | | | | | | | | | | | | | | | | | | | | | |
| **How were you referred to our organization?** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Do you have any relatives who are employed by this organization?  Yes  No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If so, please specify:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Is there any information we would need about your name, or use of another name, for us to be able to check your work record?  Yes  No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If so, please specify:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Are you willing to travel:** | | | | | | | | | | | **Yes  No** | | | | | **Do you have travel limitations:**  **If yes, please specify:** | | | | | | | | | | **Yes  No** | | | | |
| **MILITARY SERVICE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Branch of Service:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **From:** | |  | | | | | | | | | | | | | | | **To:** | | |  | | | | | | | | | | |
| **Rank and Type of Service:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Training/Experienced Received:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |

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| **EMPLOYMENT HISTORY** | | | | | | | | | |
| **Name of Employer:** | | |  | | | **May we Contact?** | **Yes  No** | | |
| **Date of Employment:** | | | **From**       **To** | | | **Type of Business:** |  | | |
| **Employer Address:** | |  | | | | | | | |
| **Telephone No.:** | **(**     **)** | | | | **Supervisor Name** |  | | **Weekly**  **Salary:** | **Starting:**  **Ending:** |
| **Your Position & Duties:** | | | |  | | | | | |
| **Reason for Leaving:** | | |  | | | | | | |

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| **Name of Employer:** | | |  | | | **May we Contact?** | **Yes  No** | | |
| **Date of Employment:** | | | **From**       **To** | | | **Type of Business:** |  | | |
| **Employer Address:** | |  | | | | | | | |
| **Employer Telephone No.:** | **(**     **)** | | | | **Supervisor Name/E-Mail:** |  | | **Weekly**  **Salary:** | **Starting:**  **Ending:** |
| **Your Position & Duties:** | | | |  | | | | | |
| **Reason for Leaving:** | | |  | | | | | | |

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| **Name of Employer:** | | |  | | | **May we Contact?** | **Yes  No** | | |
| **Date of Employment:** | | | **From**       **To** | | | **Type of Business:** |  | | |
| **Employer Address:** | |  | | | | | | | |
| **Employer Telephone No.:** | **(**     **)** | | | | **Supervisor Name/E-Mail:** |  | | **Weekly**  **Salary:** | **Starting:**  **Ending:** |
| **Your Position & Duties:** | | | |  | | | | | |
| **Reason for Leaving:** | | |  | | | | | | |

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| **Name of Employer:** | | |  | | | **May we Contact?** | **Yes  No** | | |
| **Date of Employment:** | | | **From**       **To** | | | **Type of Business:** |  | | |
| **Employer Address:** | |  | | | | | | | |
| **Employer Telephone No.:** | **(**     **)** | | | | **Supervisor Name/E-Mail:** |  | | **Weekly**  **Salary:** | **Starting:**  **Ending:** |
| **Your Position & Duties:** | | | |  | | | | | |
| **Reason for Leaving:** | | |  | | | | | | |

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| **Name of Employer:** | | |  | | | **May we Contact?** | **Yes  No** | | |
| **Date of Employment:** | | | **From**       **To** | | | **Type of Business:** |  | | |
| **Employer Address:** | |  | | | | | | | |
| **Employer Telephone No.:** | **(**     **)** | | | | **Supervisor Name/E-Mail:** |  | | **Weekly**  **Salary:** | **Starting:**  **Ending:** |
| **Your Position & Duties:** | | | |  | | | | | |
| **Reason for Leaving:** | | |  | | | | | | |

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| **Name of Employer:** | | |  | | | **May we Contact?** | **Yes  No** | | |
| **Date of Employment:** | | | **From**       **To** | | | **Type of Business:** |  | | |
| **Employer Address:** | |  | | | | | | | |
| **Employer Telephone No.:** | **(**     **)** | | | | **Supervisor Name/E-Mail:** |  | | **Weekly**  **Salary:** | **Starting:**  **Ending:** |
| **Your Position & Duties:** | | | |  | | | | | |
| **Reason for Leaving:** | | |  | | | | | | |

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| **EDUCATION** | | | | | | | | | | | | | | |
| **School Name and Address** | | | | | | **No. of Years Completed** | | **Did you Graduate?** | | **Degree or Diploma** | | | | **Major** |
|  | | | | | |  | | **Yes  No** | |  | | | |  |
|  | | | | | |  | | **Yes  No** | |  | | | |  |
|  | | | | | |  | | **Yes  No** | |  | | | |  |
|  | | | | | |  | | **Yes  No** | |  | | | |  |
|  | | | | | |  | | **Yes  No** | |  | | | |  |
| **PROFESSIONAL LICENSES / CERTIFICATONS / MEMBERSHIPS** | | | | | | | | | | | | | | |
| **Type** | | | | | **Organization Name** | | | | | | **Name of License/Certification**  **License Certification Number** | | | |
| **Professional Licenses** | | | | |  | | | | | |  | | | |
| **Professional Certifications** | | | | |  | | | | | |  | | | |
| **Professional Societies** | | | | |  | | | | | |  | | | |
| **Honors/Honor Societies/Awards** | | | | |  | | | | | |  | | | |
| **1. Has your license/certification ever been revoked or suspended?  Yes  No**  **If yes, state reason(s), date of revocation or suspension and date of reinstatement:**     1. **Do you have other experiences, training, qualifications, or skills that you feel make you especially suited for work at Avertix Medical, Inc.?** | | | | | | | | | | | | | | |
| **REFERENCES** | | | | | | | | | | | | | | |
| List below three people not related to you who have knowledge of your work performance within the last three years. | | | | | | | | | | | | | | |
| **Name of Reference:** |  | | | | | | | | | | | | | |
| **Address of Reference:** | |  | | | | | | | | | | | | |
| **Business Relationship:** | | |  | | | | | | **Number of Years Acquainted:** | | | |  | |
| **Telephone No.:** | | | | **(**     **)** | | | **E-Mail Address of Reference:** | | | | |  | | |

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| **Name of Reference:** |  | | | | | | | |
| **Address of Reference:** | |  | | | | | | |
| **Business Relationship:** | | |  | | | **Number of Years Acquainted:** | |  |
| **Telephone No.:** | | | | **(**     **)** | **E-Mail Address of Reference:** | |  | |

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| **Name of Reference:** |  | | | | | | | |
| **Address of Reference:** | |  | | | | | | |
| **Business Relationship:** | | |  | | | **Number of Years Acquainted:** | |  |
| **Telephone No.:** | | | | **(**     **)** | **E-Mail Address of Reference:** | |  | |

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| **APPLICANT’S STATEMENT** | | | |
| **PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW**  **I certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.**  **I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named herein, except my current employer if so notified, to provide any information requested about me, and I release them from all liability for damage in providing this information.**  **I understand that the employer will conduct a background investigation, including a criminal background check.**  **I understand that the employer follows an “employment at will” policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization.**  **I understand that this application is not a contract of employment.**  **I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment and identity; failure to submit such proof will result in denial of employment.**  **I understand that Avertix Medical, Inc. is an Equal Opportunity Employer and that it is the policy of Avertix Medical, Inc. to provide and administer all employment practices without regard to race, creed, color, religion, sex, sexual orientation, age, national origin, disability, or marital status.**  **I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.** | | | |
| **Applicant**  **Signature:** |  | **Date:** |  |

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**EEO / AFFIRMATIVE ACTION QUESTIONNAIRE**

Avertix Medical, Inc. is an equal opportunity employer that is committed to a program for recruitment without regard to race, color, religion, sex, national origin, age, disability (unrelated in nature and extent to an individual’s ability to perform the job), Vietnam Era or disabled veteran status or any other status protected by law. Nevertheless, to comply with government reporting obligations, certain information would assist the company in making its reports.

The company requests that you provide the following information, which will not be used in evaluating your application of employment, or on the case of incumbent employees, the terms and conditions of your employment. Submission of this information is voluntary, and refusal to provide it will not subject you to discharge, discipline, or other adverse treatment.

**\*\*COMPLETION OF THIS FORM IS OPTIONAL\*\***

If you choose to complete the form, be assured that your answers will be kept confidential except for managers in case of work restrictions/accommodations, safety personnel as needed or government officials investigating compliance. Completion of this form will not affect your employment.

|  |  |  |
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| **Printed Name:** | | **Date:** |
| **Position:** | | **Sex:**  Male  Female |
| **Applicant Source:** **Advertisement**  **Employee Referral (Specify)**  **Job Fair  School  Internet**  **Walk In  Other** | | |
| **RACE OR ETHNIC GROUP (CHECK ONE)** | | |
| **WHITE** (Not of Hispanic Origin) – All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa | | |
| **BLACK** or **AFRICAN AMERICAN** – All persons having origins in any of the black racial groups of Africa | | |
| **HISPANIC or LATINO** – A person of Cuban, Mexican, Puerto Rico, South or Central American or other Spanish culture or origin, regardless of race | | |
| **AMERICAN INDIAN OR ALASKA NATIVE** – All persons having origins in any of the original peoples of North and South America (including South American) and who maintains tribal affiliations or community attachment | | |
| **ASIAN** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam | | |
| **NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER**– A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islander Islands | | |
| **MULTI-RACIAL** – A society or group that is composed of persons from more than one racial or ethnic group | | |
| **Do you have any impairments, physical or mental, which would interfere with your ability to perform the job in which you have applied for?** Yes  No | | |
| **Disabled Veteran?** Yes  No | | |
| **Vietnam Era Veteran?** Yes  No | | |
| **Signature:** |  | |