



EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

| | | | | |
|--|--|----------------------------|--|----------|
| - PLEASE TYPE OR PRINT IN INK - | | | Today's Date | |
| Name | | | Social Security Number | |
| Address | | | How Long? | |
| City | | County | State | Zip Code |
| Daytime Telephone () | Home Telephone () | E-mail Address | | |
| Position for which you are applying | Check the following options you would consider <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary | | If part-time, specify hours or days | |
| What is your minimum salary requirement? | Date available for work | How did you hear about us? | | |
| Are you considering any other employment offers at this time? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have any commitments to another employer that might affect your employment with us? | | | Date available for work | |

EDUCATION & TRAINING

| | SCHOOL NAME | CITY AND STATE | DEGREE/DIPLOMA MAJOR COURSE OF STUDY | DEGREE RECEIVED? |
|-----------------|-------------|----------------|---|--|
| High School/GED | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Graduate School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trade School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

List any other education, training, special skills or certificates/licenses that you possess related to the job.

| Professional License/Cert. # | Professional License/Certification Type | Issuing Agency | State Issued | Expiration Date |
|------------------------------|---|----------------|--------------|-----------------|
| | | | | |
| | | | | |

Has your license/certification ever been revoked or suspended?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. _____

List any languages that you speak fluently: _____ Read/write _____

Do you have a valid driver's license in this state? Yes No

Military Experience? Yes No If Yes, what branch? _____ Rank at separation _____

Can you, if hired, submit certification of your legal right to work in the United States? Yes No

Are you 16 years old or older? If under 18, state age Yes No

Were you previously employed by AEGIS? If Yes, give dates Yes No

List any relatives working for AEGIS _____

Are you related to any patient(s) at the particular clinic to which you are applying? Yes No

EMPLOYMENT HISTORY

List all work experience beginning with the present or most recent job.

| | | | | | |
|---------------------|---|------|---|-------------------|--|
| PREVIOUS EMPLOYMENT | Name of Employer | | Type of Business | | |
| | Address | City | State | Zip Code | |
| | Dates Employed (from-to) | | Title | | |
| | Name and Title of Supervisor | | Telephone Number () | | |
| | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time | | |
| | Brief Description of Duties | | | | |
| | Reason for Leaving | | | Last Salary \$ | |

| | | | | | |
|---------------------|---|------|---|-------------------|--|
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| | Name and Title of Supervisor | | Telephone Number () | | |
| | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time | | |
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| | | | | | |
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| | Address | City | State | Zip Code | |
| | Dates Employed (from-to) | | Title | | |
| | Name and Title of Supervisor | | Telephone Number () | | |
| | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time | | |
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| | | | | | |
|---------------------|---|------|---|-------------------|--|
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| | Address | City | State | Zip Code | |
| | Dates Employed (from-to) | | Title | | |
| | Name and Title of Supervisor | | Telephone Number () | | |
| | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time | | |
| | Brief Description of Duties | | | | |
| | Reason for Leaving | | | Last Salary \$ | |

Please explain any time lapse in your employment.

| | |
|-----------------|---------|
| Dates (from-to) | Reason: |
| | |
| Dates (from-to) | Reason: |
| | |
| Dates (from-to) | Reason: |
| | |

ADDITIONAL INFORMATION

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)

List any equipment or software programs that you are qualified and experienced to operate.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Have you recently engaged in the use of illegal substances, such as illegal drugs? Yes No

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH
AND SIGN BELOW

Initials I hereby 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.

Initials I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I hereby agree to submit to binding arbitration of any and all disputes and/or claims arising out of the submission of this application and any subsequent offer of employment. I further agree, in the event that I am hired by the Company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the Company, whether during or after the employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution and there are no other agreements to dispute resolution either oral or written.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Division President or CEO of Aegis Medical Systems, Inc.

____ / ____ / ____
Date

Applicant's Signature