



Employment Application
An Equal Opportunity Employer

TODAY'S DATE: _____

INSTRUCTIONS

Please answer all questions accurately and completely. You must sign and date the application. Do not provide information not requested. If you do not comply with these instructions, your application may be disregarded.

NAME: _____ TELEPHONE: _____

ADDRESS: _____

EMAIL: _____

Position Desired: _____ Salary/Hourly Rate Desired \$ _____ per _____

Date Available to Begin Work: _____ Are you 18 years of age or older? Yes No

Are you currently on lay-off and subject to recall? Yes No

Do you want to work: Full-Time Part-Time If applying for part-time, what days and hours?

Have you previously been employed with us? Yes No If yes, when? _____

Have you ever applied for work with us before? Yes No If yes, when, and under what name?

List anyone you know who works for us: _____

Do you have any skills, qualifications, professional licenses, certifications, or experiences which you feel would especially fit you for work with us?

Are you a military veteran? Yes No Are you authorized to work in the United States? Yes No

Are you able to do the essential functions of the job(s) for which you are applying? Yes No

If no, please identify the applicable functions (if you do not know the essential functions of the job for which you are applying, please ask): _____

Have you ever been convicted of a misdemeanor or felony (including a guilty or no contest plea)? Yes No

If yes, explain when, where, and the nature of the offense (conviction will not necessarily disqualify an applicant from employment). _____

Are there any felony charges pending against you now? Yes No

If yes, describe _____

Are you currently subject to the terms of any non-compete, non-solicitation, or non-disclosure agreement with a current or prior employer or third party? Yes No

If you answered "yes," please describe the terms of any such agreement as well as the expiration date, or provide a copy. _____

Do you have any activities, commitments, or responsibilities (for example car pooling, school, other employment) which might in any way restrict the hours (including overtime) or days you can work?

EDUCATION

You must complete this section. A resume may not be substituted for a completed application form.

	NUMBER OF YEARS ATTENDED	NAME OF SCHOOL	CITY, STATE	COURSE OF STUDY/DEGREE	DID YOU GRADUATE?
HIGH SCHOOL					
COLLEGE					
OTHER					

PRIOR WORK EXPERIENCE

Please list your most recent employment first. Use copies of Page 4 of this Application if needed.
A resume may not be substituted for a completed application form.

Present/Most Recent Employer	Position(s) Held	Dates of Employment (Month/Year)
Address	Supervisor	If still employed, may we contact this supervisor?
City, State, Zip	Supervisor's Phone Number	Starting & Ending Rate or Salary
Brief Description of Job Duties		
Reason for Leaving or Considering Change		
Previous Employer	Position(s) Held	Dates of Employment (Month/Year)
Address	Supervisor's Name	
City, State, Zip	Supervisor's Phone Number	Starting & Ending Rate or Salary
Brief Description of Job Duties		
Reason for Leaving		
Previous Employer	Position(s) Held	Dates of Employment (Month/Year)
Address	Supervisor's Name	
City, State, Zip	Supervisor's Phone Number	Starting & Ending Rate or Salary
Brief Description of Job Duties		
Reason for Leaving		

Previous Employer	Position(s) Held	Dates of Employment (Month/Year)
Address	Supervisor's Name	
City, State, Zip	Supervisor's Phone Number	Starting & Ending Rate or Salary
Brief Description of Job Duties		
Reason for Leaving		
Previous Employer	Position(s) Held	Dates of Employment (Month/Year)
Address	Supervisor's Name	
City, State, Zip	Supervisor's Phone Number	Starting & Ending Rate or Salary
Brief Description of Job Duties		
Reason for Leaving		
Previous Employer	Position(s) Held	Dates of Employment (Month/Year)
Address	Supervisor's Name	
City, State, Zip	Supervisor's Phone Number	Starting & Ending Rate or Salary
Brief Description of Job Duties		
Reason for Leaving		

BUSINESS REFERENCES

List only those individuals who held managerial positions in the companies at which you were employed during the time of your employment.

NAME	ADDRESS AND TELEPHONE NUMBER	TITLE/OCCUPATION

DRIVER INFORMATION

This section is to be completed only if the position requires driving.
All information must be completed unless you are instructed otherwise.

Driver's license number: _____ State: _____ Expiration: _____

Type(s) of license(s) you hold: Operator _____ Commercial (CDL) _____ Chauffer _____

Has your driver's license been revoked or suspended in the last 10 years? Yes No

If yes, please explain: _____

Have you had any moving traffic violations or accidents in the past 7 years? Yes No

If yes, please provide the following information (attach an additional sheet, if necessary):

DATE	NATURE OF THE MOVING VIOLATION/ACCIDENT

APPLICANT'S CERTIFICATION AND AGREEMENT - PLEASE READ CAREFULLY

1. **Definition.** For purposes of this Certification and Agreement, "Company" means Innovative Medical Systems, Inc.
2. **Certification of Truthfulness and Accuracy.** I certify that all the statements and information contained in this Employment Application are true, accurate and complete. I understand that falsification, misrepresentation or omission of any such information may result in refusal of employment, withdrawal of an offer of employment, or immediate dismissal from employment.
3. **Employment at Will.** I understand that if hired, I will be an at-will employee and that my employment and compensation can be terminated by the Company with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that I will remain an at-will employee throughout my employment with the Company. I understand that no manager or other representative of the Company, other than the President, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing (including but not limited to a modification in my status as an employee at will). Any such agreement made by the President must be made in writing and separately signed by the President and me in order to be effective.
4. **Authorization to Work.** If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.
5. **Need for Accommodation.** If I have a mental or physical disability and require an accommodation to perform the job, I must notify the Company of that need in writing within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that the Company has not accommodated me as required by law.
6. **Criminal Records Check.** If the Company extends a conditional job offer to me, I agree to execute the appropriate authorization necessary for the Company to obtain my criminal conviction history.
7. **Motor Vehicle Record Check.** If the Company extends a conditional job offer to me, I agree to execute the appropriate authorization necessary for the Company to obtain my motor vehicle records.
8. **Physical Exam and Drug and Alcohol Testing.** I agree to take a physical exam following a conditional job offer. I also authorize the Company or its designated agent(s) to withdraw specimen(s) of my blood, urine, hair and/or other substances for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand that decisions concerning my employment may be made as a result of these tests.
9. **Offer of Employment Conditioned on Outcome of Investigation**

I understand that any offer of employment made by the Company is expressly conditioned upon the Company's investigation of my background in order to verify information contained in this application, including but not limited to, obtaining information from any former employers, schools and law enforcement agencies. If I am applying for a position that requires a professional license or certification, I understand that any offer of employment made by the Company is expressly conditioned upon the Company's verification that I have a current license or certification of the kind required. I further understand that if the Company is not able to verify information contained in this application to its satisfaction, or if the Company obtains information that leads it to conclude, in its discretion, that I should not be employed, the Company may rescind any job offer or terminate my employment.

I authorize the references listed in this Employment Application, and any prior employer, educational institution, or any other persons or organizations to give the Company any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I hereby waive written notice that employment information is being provided by any person or organization.

10. **Limitation on Claims.** I agree that any lawsuit or claim against the Company, as well as its directors, officers, employees, agents, attorneys, successors and assigns, arising out of my employment or termination of employment (including, but not limited to, claims arising under state, federal or local civil rights laws) must be brought within the following time limits or be forever barred: (a) for lawsuits or claims requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits or claims, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.
11. **Consideration for Employment.** I understand that my application will be considered pursuant to the Company's normal procedures for a period of 30 days. If I am still interested in employment after that period, I must reapply. I agree that if any of the above commitments is ever found to be legally unenforceable as written, the particular commitment concerned shall be limited to allow its enforcement as far as legally possible.

I have read, understand, and agree to items 1 through 11 above. I knowingly and voluntarily acknowledge that with my signature below.

Dated: _____

Applicant's Signature

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

Rev. 11/1/2019