



## APPLICATION FOR EMPLOYMENT

### PLEASE READ CAREFULLY

You are not required to answer any question(s) which you feel may violate federal, state, and/or local law or which you feel is not related to the position for which you are applying.

### AN EQUAL OPPORTUNITY EMPLOYER

#### GENERAL INFORMATION

Name: _____	
Home or Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
Home Telephone Number: _____	Alternate Telephone Number: _____
Emergency Contact: _____	Telephone Number: _____
Citizenship: _____ (All persons, upon hiring, must provide valid authorization to work in the U.S.)	

#### JOB INTEREST

Position Applying For: _____		Date: _____	Referred By: _____
Type of Employment Desired (Check One): Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/>			
Shift Preference (Check One): Day <input type="checkbox"/> Night <input type="checkbox"/> Either <input type="checkbox"/>			
Are You Willing to Work Overtime? Yes <input type="checkbox"/> No <input type="checkbox"/> Weekends? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are You Willing to Travel? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, How Often? _____			
Salary Required: Hourly: _____ Weekly: _____ or Monthly: _____			
Date Available to Begin Work: _____ Are You 18 or Older? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Give Age: _____			

### EDUCATION INFORMATION

Education	Name & Address of School Attended	Course of Study	Did You Graduate?	List Diploma or Degree
High School			Yes <input type="checkbox"/> No <input type="checkbox"/> Attending <input type="checkbox"/>	
College or University			Yes <input type="checkbox"/> No <input type="checkbox"/> Attending <input type="checkbox"/>	
Other (specify)			Yes <input type="checkbox"/> No <input type="checkbox"/> Attending <input type="checkbox"/>	

Special Certifications/ Publications	

### ADDITIONAL TRAINING/SKILLS INFORMATION

Skills, information and special certifications/publication relating to position applied for or of general interest:

Foreign Languages in Which You Are Fluent			
1.	Read	Write	Speak
2.	Read	Write	Speak

### EMPLOYMENT HISTORY INFORMATION

<p>Have you ever worked for Onyx Medical Corporation?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>If yes, when _____</p> <p>Reason for leaving _____</p>
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List below present and past employment beginning with your most recent. Account for last 10 years including periods of unemployment and military service. All sections MUST be completed even if resume is attached

Name and Address of Present Employer					From		To	
					Month	Year	Month	Year
					# of Hrs. Worked Per Week			
Position/Title	Supervisor	Area Code & Telephone #		Starting Salary _____				
				Ending Salary _____				
Type of Business or Product Line								
Description of Your Duties								
Reason for Leaving								

### EMPLOYMENT HISTORY

Name and Address of Company					From		To	
					Month	Year	Month	Year
					# of Hrs. Worked Per Week			
Position/Title	Supervisor	Area Code & Telephone #		Starting Salary _____				
				Ending Salary _____				
Type of Business or Product Line								
Description of Your Duties								
Reason for Leaving								

### EMPLOYMENT HISTORY

Name and Address of Company					From		To	
					Month	Year	Month	Year
					# of Hrs. Worked Per Week			
Position/Title	Supervisor	Area Code & Telephone #		Starting Salary _____				
				Ending Salary _____				
Type of Business or Product Line								
Description of Your Duties								
Reason for Leaving								

**ADDITIONAL INFORMATION**

Have you ever been convicted of a felony?     Yes     No    If yes, describe fully: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(A conviction will not necessarily disqualify an applicant from employment)

Is any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check of your records? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p><b>MILITARY INFORMATION</b></p> <p>Veteran of U.S. Armed Forces?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>Service Branch:</p>	<p>Date Discharged:</p>	<p>Final Rank and job Description:</p>
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Please describe any other information you feel is pertinent to your employment.

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**PRE-EMPLOYMENT STATEMENT (Read Carefully)**

I certify that all information supplied in this application, and any attached resume, is true and correct. I understand, that because Onyx Medical Corporation or one of its subsidiaries or affiliates ("the Company") will rely on this information in making its employment decision, any false or misleading information furnished by me regarding this application will result in the rejection of this application or termination if employed by the Company.

In consideration of my employment, I agree to conform to the rules and regulations of the Company, and further agree that my employment is for no definite period of time, is at the will of the Company, and can be terminated, with or without cause, and without notice, at any time at the option of the Company. Other than the President and Executive Vice-President, no supervisor, representative, agent, or employee of the Company has now or has had in the past any authority to enter into any agreement for employment for a specified period of time, or to make any agreement which is contrary to or a modification of the above terms, nor can any policies of the Company either written or oral, modify the above terms.

I understand that a drug test and a negative result therefrom are required as conditions of employment.

**RELEASE (Read Carefully)**

I hereby authorize all educational institutions which I have attended, all branches of U.S. military service in which I have served, all of my former employers, all court systems and all of their representatives to furnish to Onyx Medical Corporation or its subsidiaries, affiliates or representatives any and all information concerning my education, military service, former employment, and/or criminal convictions. In addition, I hereby agree to hold harmless and to release all of said institutions, services, employers, courts and representatives from any and all claims that I may have, or which may arise, against any and/or all of them, including Onyx Medical Corporation, its parent, subsidiaries, affiliates, and representatives as a result of their furnishing information to the Company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_