

APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL INFORMATION

Name: _____ Social Security Number: _____

Current Mailing Address: _____

Current Physical Address: _____

Current Home Phone Number: (_____) _____ Cell / Other Number: (_____) _____

Email Address (if applicable): _____

____ YES ____ NO Are you 18 years of age or older?

____ YES ____ NO Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status?

EMPLOYMENT DESIRED

POSITION: _____ LOCATION DESIRED: _____

WAGE / SALARY DESIRED: _____ DATE YOU CAN START: _____

____ YES ____ NO Are you currently employed?

____ YES ____ NO If yes, may we contact your present employer to conduct a reference check?

____ YES ____ NO Have you ever applied for employment with Liberty Medical Specialties before?
When _____ Location _____

____ YES ____ NO Do you know anyone who currently works for Liberty Medical Specialties?
If yes, who?: _____

EDUCATION

	<u>Name & Location</u>	<u>Did you Graduate?</u> <i>(Yes or No)</i>	<u>Diploma / Degree Earned</u>
HIGH SCHOOL	_____	_____	_____
COLLEGE	_____	_____	_____
TRADE/BUSINESS SCHOOL	_____	_____	_____

GENERAL

Please list hobbies or areas of special interest: _____

List any special skills or qualifications you have which would assist you in the performance for which you have applied.

Activities (Civic, Athletic, etc.): _____
(Please exclude Organizations, where the name of which indicates the race, creed, sex, age, marital status, color, or nation of origin of its members)

Are you currently a member of the U.S. Military? _____ If yes, please list service and rank: _____

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BACKGROUND INFORMATION

Your answers to the questions below will not necessarily bar you from employment, but rather, Liberty Medical Specialties, Inc. will give fair consideration to the relationship between any disclosure and your fitness for the particular position you are applying for.

- YES NO Have you ever been suspended, dismissed, fired, or discharged from employment?
- YES NO Has your driver's license ever been suspended or revoked?
- YES NO Have you ever pled guilty or been convicted of any violation of the law other than a minor traffic violation?
- YES NO Have you ever pled guilty or been convicted of a felony, been imprisoned, placed on probation or parole?
- YES NO Are you now under any restriction(s) for violation of law for which you pled guilty to or were convicted?

PREVIOUS EMPLOYMENT

List below the last three employers, starting with the most recent first.

	<u>Name & Address of Employer</u>	<u>Phone Number</u>	<u>Salary</u>	<u>Position Held</u>
(1) From _____ To _____ Reason for Leaving: _____	_____	_____	\$ _____	_____
(2) From _____ To _____ Reason for Leaving: _____	_____	_____	\$ _____	_____
(3) From _____ To _____ Reason for Leaving: _____	_____	_____	\$ _____	_____

REFERENCES

List the names of (3) three persons who are not related to you and you have known for at least one (1) year.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

"I certify that all of the information submitted by me on this application for employment is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated. In consideration of my employment, I agree to conform to the Company's policies and procedures, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the Company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, with or without notice, and at any time by the Company. I understand that no Company representative, other than the General Manager, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date _____ Signature _____