



Employment Application

Please answer all questions. Resumes are not a substitute for a Completed Application. You must provide verification of your legal right to work in the U.S. and complete Form I-9 within three business days of hire.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal state or local laws.

Position Applied For _____

Name _____ Social Security # _____
Last First M.I.

Address _____ Phone No. () _____
Street City Zip.

Position Desired _____ Full Time/Part Time (Circle One)

Date of availability _____ Salary/Wage Expected _____

Have you ever applied to Tibro or Orbit Medical before? Yes No

If Yes, when did you apply? _____ Where did you apply? _____

Do you have other obligations that would interfere with the position you are applying for which you are applying for with Tibro Medical? Yes No

If yes, please explain the circumstance: _____

If applying for a Delivery Driver or an Outside Sales position, do you have a current driver's license? Yes No

If requested, are you willing to take a drug/alcohol screening as a condition of employment? Yes No

Within the past 10 years, have you been convicted of a (felony or misdemeanor) other than a minor traffic violation? Yes No

Name Address Type of Business

Phone () _____ Dates employed ___/___/___ to ___/___/___

Work Experience (continued)

Job Title: _____ Supervisor's Name: _____

Responsibilities: _____

May we contact? Yes No Wage Start _____ Final _____

Employer

Name Address Type of Business

Phone () _____ Dates employed ___/___/___ to ___/___/___

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Responsibilities: _____

May we contact? Yes No Wage Start _____ Final _____

References

Please list the names of additional work-related references we may call.

| Name | Position | Company | Relationship (Supervisor, co-worker, etc.) | Telephone No. |
|------|----------|---------|---|---------------|
| | | | | |
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Notification and Agreement

Please read carefully and sign below

I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled, and any other characteristic protected by Federal, State of Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on the application by me.

Applicant Signature _____

Date _____

Tibro Medical, Inc.

EMPLOYMENT REFERENCE REQUEST

TO BE COMPLETED BY APPLICANT:

TO: (Print Name and Address of Former Employer below)

Phone: _____ Fax: _____

I have applied for employment with Tibro Medical, Inc. and hereby authorize you to furnish the information requested below concerning my prior employment with your organization. In signing this authorization, I release your organization, its employees and/or its agents from any liability that may result now or later because of complying with this request.

Applicant's Signature: _____ Date: _____

(Name: Last, First, Middle initial) PLEASE PRINT (Social Security Number)

Employment Dates: From _____ To _____

Last Position _____ Reason for leaving _____

TO BE COMPLETED BY PREVIOUS EMPLOYER:

Are employment dates correct? Yes No; If no, what are correct dates? From: _____ To: _____

Is the position title correct? Yes No; If no, what is the correct title?

Is reason for leaving correct? Yes No; If no, what is the correct reason? _____

Is applicant eligible for rehire? Yes No; If no, why? _____

OVERALL ASSESSMENT:

Attendance Good Satisfactory Poor Comments: _____

Punctuality Good Satisfactory Poor Comments: _____

Performance Good Satisfactory Poor Comments: _____

Completed by: _____ Title: _____ Date: _____

Please Fax Completed Employee Reference Form to Tibro Medical, Inc. at 801-713-5171

Tibro Medical, Inc.

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Applicant's Signature: _____ Date: _____

(Name: Last, First, Middle initial) PLEASE PRINT (Social Security Number)

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