

Employment Application

Swissray is an equal opportunity employer. We are committed to our policy of providing equal employment opportunity to employees and job applicants in a manner consistent with applicable laws and regulations, including federal laws prohibiting employment discrimination on the basis of race, color, creed, national origin, sex, age, disability, or genetic information.

| APPLICANT INFORMATION | | | | | | | | | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|--------|------------------|------------------------------|-----------------------------|--|
| Last Name | | First | | M.I. | | Date | | | |
| Street Address | | | | | | Apartment/Unit # | | | |
| City | | | | State | | | Zip | | |
| Phone | | | | E-mail Address | | | | | |
| Date Available | | | | Desired Salary | | | | | |
| Position Applied for | | | | | | | | | |
| Are you legally eligible for employment to work in this country? | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | | | | |
| EDUCATION | | | | | | | | | |
| High School | | | | Address | | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | |
| College | | | | Address | | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | |
| Other | | | | Address | | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | |
| REFERENCES | | | | | | | | | |
| <i>Please list three professional references.</i> | | | | | | | | | |
| Full Name | | | | Relationship | | | | | |
| Company | | | | Phone | | | | | |
| Address | | | | | | | | | |
| Full Name | | | | Relationship | | | | | |
| Company | | | | Phone | | | | | |
| Address | | | | | | | | | |
| Full Name | | | | Relationship | | | | | |
| Company | | | | Phone | | | | | |
| Address | | | | | | | | | |

PREVIOUS EMPLOYMENT

| | | | |
|------------------|-----------------|--------------------|------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |

May we contact your previous supervisor for a reference? YES NO

| | | | |
|------------------|-----------------|--------------------|------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |

May we contact your previous supervisor for a reference? YES NO

| | | | |
|------------------|-----------------|--------------------|------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

| | | |
|---------------------------------|------|----|
| Branch | From | To |
| Rank at Discharge | | |
| Job-Related Training/Experience | | |

DISCLAIMER AND SIGNATURE (Please read this statement carefully before signing this application)

I understand that employment with Swissray is at-will, meaning that I or Swissray may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize Swissray to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Organization, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that Swissray requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|