MADA MEDICAL PRODUCTS AND SUBSIDIARIES, INC.

APPLICATION FOR EMPLOYMENT

Please Print Clearly and Answer All Questions. Resumes are not a substitute for a completed Application

TO APPLICANT: We appreciate your interest in the MADA MEDICAL PRODUCTS, INC. A clear and full understanding of your background and work history will aid in placing you in a position that best meets your qualifications.

Applicants will be considered without discrimination because of race, color, sex, age, religion, national origin, marital status, disability, veteran's status, or other legally protected status.

Position applying for _____ Date _____

Name _____ Telephone Number ( ) _____

Present Address (Street, Apt. or Unit No.) _____

City / State / Zip _____ How Long Here _____

Are you legally eligible for employment in the United States? Yes ☐ No o Desired Salary _____

Are you 18 years of age or older? Yes ☐ No ☐ If no, please state your age _____

Are you seeking Full or Part-time work? _____ What shift? _____

When are you available to begin work? _____

Applicants in All States Other Than California, Massachusetts and the City of Philadelphia: Have you been convicted of a felony offense within the last seven years that hasn't been sealed or expunged? Yes ☐ No ☐ If Yes, state the nature of the offense and the date the event took place.
*(Answering yes will not necessarily be a bar to employment and will be considered in relationship to the position for which you are applying)*_____

California Applicants Only: In the last seven years have you ever been convicted of a felony that hasn't been sealed or expunged OTHER THAN (1) a marijuana-related conviction that occurred more than two years ago; and (2) an offense for which you were referred to, and participated in, any pretrial or post trial diversion program? Yes ☐ No ☐ If Yes, state the nature of the offense and the date the event took place. *(Answering yes will not necessarily be a bar to employment and will be considered in relationship to the position for which you are applying)*_____

List your computer, foreign language skills and/or work experience which you feel qualifies you for the job for which you are applying:_____

_____

_____

If a license is required for the position for which you are applying (drivers or other), please list the following:

License Number:_____ State of Issuance: _____ License Type: _____

Education	School Name and Location	Course of Study	Graduate?	Years	Degree/Diploma
High School					
College					
Post-Graduate					
Bus./Tech./Trade					

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT BEGINNING WITH MOST RECENT.

Name & Address of Company *(Describe business type)* Dates Employed
_____From _____To_____
_____Job Title _____
Phone _____ Compensation_____
Supervisor's Name _____ Start_____ Last_____
Reason Left _____
Duties_____

Name & Address of Company *(Describe business type)* Dates Employed
_____From _____To_____
_____Job Title _____
Phone _____ Compensation_____
Supervisor's Name _____ Start_____ Last_____
Reason Left _____
Duties_____

Name & Address of Company *(Describe business type)* Dates Employed
_____From _____To_____
_____Job Title _____
Phone _____ Compensation_____
Supervisor's Name _____ Start_____ Last_____
Reason Left _____
Duties_____

I certify that all the information on this application, my resume, or any supporting documents is correct, and I understand that any misrepresentation or omission of any information will result in disqualification from consideration for employment or, if employed, my termination.

I understand that this application is not a contract, offer or promise of employment. If hired, I will be able to resign at any time for any reason. Likewise, the Company can terminate my employment at any time, with or without any reason.

I authorize the Company or its agents to investigate all statements contained in this application and/or resume. I further understand that a credit and background check may be made including, but not limited to, consumer credit history, criminal history, driving record, employment, military, education and general public records which will provide information concerning my character and general reputation. I hereby authorize my former employers, educational institutions or other reference providers to furnish all information pertaining to my work or educational record. I release my former employers, educational institutions, supervisors, and references from all liability on account of furnishing information to this company or its agents.

Should I wish to obtain a copy of the consumer credit history report if made, it will be provided upon written request. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that, as a condition of employment I may be required to sign a non-compete agreement, a conflict of interest statement, and/or an arbitration agreement and I hereby agree to arbitrate all disputes regarding my application for employment and any employment related matters rather than resolving them in court or other forum. I understand that the Company may now have, or may establish, a drug-free workplace or a post-accident drug-testing program. If it has one now and I am offered a conditional offer of employment I agree to work under the conditions requiring a drug-free workplace. I also understand that all employees of the location may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If detected, the offer of employment will be withdrawn. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo random, fitness for duty, return to work and reasonable suspicion alcohol and drug testing. Refusal to take such tests when asked may result in termination.

This application is current for only sixty (60) days. At the conclusion of this time, if you have not heard from the Company and still wish to be considered for employment it will be necessary for you to complete a new application.

Applicant Signature_____ Date _____