

## Application for Employment

Please email all applications to:

info@maximbio.com

Please include:

- Application for Employment form
- Resume
- Cover Letter (Optional)

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

### POSITION APPLIED FOR

Position Title(s): \_\_\_\_\_

How did you hear of this opening?  
 Job Posting Site       Job Service  
 Maxim Employee       Other: \_\_\_\_\_

Date available to start: \_\_\_\_\_

Salary Requirements: \_\_\_\_\_

Interested in:       Full Time     Part Time     Seasonal/Temporary

Ideal Number of Hours: \_\_\_\_\_

List your hours of availability below:

	Mon	Tues	Wed	Thurs	Fri
From:					
To:					

Are you legally authorized to work in the U.S. on an unrestricted basis?       Yes     No

Will you now or in the future require sponsorship for an employment visa?       Yes     No

Have you ever been employed by Maxim Biomedical?       Yes     No

Do you have relations to a current Maxim Biomedical employee?       Yes     No

Do you have reliable means of transportation to work?       Yes     No

## PERSONAL INFORMATION

Last name _____	First name _____	Middle name _____
Street Address _____		
City _____	State _____	ZIP _____
Telephone _____	Email _____	

## EDUCATION HISTORY

School Name	Location	Years Attended	Major	Degree Received

List any professional license(s) or certification(s) you hold.

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Special Skills, Expertise, and Qualifications: (Foreign language fluency, etc.)

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You may use this space to provide additional information you wish to include:

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## EMPLOYMENT HISTORY

List all present and past employment beginning with the most recent.

Employer:	_____		
Employed From:	_____	to	_____
Employer's Location:	_____		
Position Title:	_____		
Position Type:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
Hourly Rate /Salary:	\$ _____	to	\$ _____
	Starting		Final
Reason for Leaving:	_____		
May we verify employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer:	_____		
Employed From:	_____	to	_____
Employer's Location:	_____		
Position Title:	_____		
Position Type:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
Hourly Rate /Salary:	\$ _____	to	\$ _____
	Starting		Final
Reason for Leaving:	_____		
May we verify employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer:	_____		
Employed From:	_____	to	_____
Employer's Location:	_____		
Position Title:	_____		
Position Type:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
Hourly Rate /Salary:	\$ _____	to	\$ _____
	Starting		Final
Reason for Leaving:	_____		
May we verify employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## REFERENCES *(business/professional only)*

Name: _____	Job Title: _____
Company Name: _____	Phone: _____
Name: _____	Job Title: _____
Company Name: _____	Phone: _____
Name: _____	Job Title: _____
Company Name: _____	Phone: _____

Attach additional information if necessary.

## AGREEMENTS

After an offer of employment is made, a pre-employment baseline HIV test and a pre-employment drugs of abuse test may be required by Maxim Biomedical as a condition of employment. These tests are arranged by and at the expense of Maxim Biomedical and will be performed at a licensed clinical laboratory by licensed medical personnel. By applying for employment at Maxim Biomedical, I acknowledge my understanding and agreement: (1) the results of my pre-employment baseline HIV test will be held in confidence by the testing laboratory and will only become known to me and to Maxim Biomedical in the event I am involved in an industrial accident where such information may be required; and (2) failure on my part to successfully complete the required post-offer, pre-employment drugs of abuse test may result in Maxim Biomedical rescinding the employment offer and terminating my employment.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. Please sign (digitally or physically) below acknowledging your understanding and acceptance of the above terms and conditions of employment at Maxim Biomedical.

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