

Dear Applicant:

Thank you for your interest in employment with Ortivus, Inc., dba Ortivus North America (Ortivus).

Please fill out the attached employment application completely. Failure to do so may indefinitely delay your consideration for employment. We will contact applicants in whom we have an interest so be sure you accurately list names, telephone numbers and addresses on your application. Ortivus retains applications for 30 days from the time of receipt. If you have not been contacted by a representative of the company in 30 days, you must reapply for an open job vacancy in order to be considered for employment.

Below is a list of procedures involved in our hiring and selection process. These processes may occur in a different order than set forth here due to scheduling considerations.

- 1) Application and resume screening
- 2) Employment interview (s)
- 3) Testing of job-related skills as appropriate

If reasonable accommodation is needed for interviewing or testing, please notify the company in writing in advance of your appointment

- 4) Reference and background checks which may include, according to the job title, employment references, criminal conviction records, personal references and driving records
- 5) Offer of employment

All offers of employment with Ortivus are made on an at-will basis; accordingly employment may be terminated by you or Ortivus at any time without prior notice.

Please sign below as an acknowledgement that you have read and understood the above information.

Applicant Signature

Date



APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.

Name _____ Date _____

Address _____
Street City State Zip

Telephone Number _____ Are you over 18 years old? Yes No

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

How did you learn of this opening? _____

Have you worked here before? Yes No

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes No

Can you perform these essential functions with or without reasonable accommodation? Yes No

Are there any hours, shifts or days you cannot or will not work? _____

Shift preferred _____ Part-Time _____ Full-Time _____

Are you willing to work overtime as required? Yes No

Have you ever been convicted of a felony? Yes No *(Conviction will not necessarily disqualify an applicant for employment.)* If yes, describe conditions:

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/ DEGREE
High School				
College/Univ.				
College/Univ.				
Other Training/Education				

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work with our company? _____

POSITIONS APPLIED FOR 1. _____ 2. _____

Wage or salary desired? \$ _____ When can you start? _____

(over)

WORK HISTORY

May we contact your present employer? Yes No

Most Recent Employer _____ Telephone _____
Address _____
Date Started _____ Starting Salary \$ _____ Per _____ Starting Position _____
Date Left _____ Salary on Leaving \$ _____ Per _____ Position on Leaving _____
Name & Title of Supervisor _____
Description of Duties _____
Reason for Leaving _____

Previous Employer _____ Telephone _____
Address _____
Date Started _____ Starting Salary \$ _____ Per _____ Starting Position _____
Date Left _____ Salary on Leaving \$ _____ Per _____ Position on Leaving _____
Name & Title of Supervisor _____
Description of Duties _____
Reason for Leaving _____

Previous Employer _____ Telephone _____
Date Started _____ Starting Salary \$ _____ Per _____ Starting Position _____
Date Left _____ Salary on Leaving \$ _____ Per _____ Position on Leaving _____
Name & Title of Supervisor _____
Description of Duties _____
Reason for Leaving _____

Previous Employer _____ Telephone _____
Date Started _____ Starting Salary \$ _____ Per _____ Starting Position _____
Date Left _____ Salary on Leaving \$ _____ Per _____ Position on Leaving _____
Name & Title of Supervisor _____
Description of Duties _____
Reason for Leaving _____

APPLICANT'S CERTIFICATION AND AGREEMENT

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, omissions or misrepresentation may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application and release the Company from any liability.

I understand that employment at this Company is "at-will", which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president in a signed writing has any authority to alter the foregoing.

Date _____ Applicant's Signature _____

APPLICANT VOLUNTARY IDENTIFICATION SURVEY

It is the policy of Ortivus to provide equal opportunity to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, sexual orientation, disability, veteran's status or status within any other protected group.

Government agencies require employers to collect information about the sex, ethnicity, disability and veteran status of applicants. Information requested on this sheet is for purposes of complying with these recordkeeping requirements and to determine recruiting and employment patterns. Such information will in no way affect the decision regarding your application for employment. This sheet will be kept confidential and maintained separately from your application form. Completion of this sheet is voluntary and not a requirement for employment.

REFERRAL SOURCE:

_____ Walk-in
_____ Newspaper Ad _____
_____ State Employment Office
_____ Private employment agency
_____ Civic organization
_____ Employee referral
_____ College recruiting
_____ Other (Specify) _____

POSITION APPLIED FOR:

_____ Full-time
_____ Part-time

SEX:

_____ Female
_____ Male

RACE/ETHNIC GROUP:

_____ White (Non-Hispanic) _____ Hispanic _____ American Indian or Native Alaskan
_____ Black (Non-Hispanic) _____ Asian or Pacific Islander _____ Other _____

Regulations issued by the U.S. Department of Labor with respect to disabled individual, disabled veterans and Vietnam Era veterans require that federal contractors provide a self-identification opportunity to applicants for employment. Such self-identification and any information provided by the applicant is submitted on a voluntary and confidential basis for use only in accordance with regulations and without subjecting the individual to adverse treatment. If you wish to be identified, please do so below and provide any information you wish to submit. If an applicant so identifies himself or herself, the company shall seek the advice of the applicant or employee regarding proper placement and appropriate accommodation.

Check if any of the following are applicable:

_____ Disabled Individual (*Has a physical or mental impairment which substantially limits a major activity or has a history of such impairment*)
_____ Disabled Veteran (*Entitled to disability compensation under law administered by Veteran's Administration for disability rated 30% or more OR discharged/released from active duty for disability incurred or aggravated in the line of duty*)
_____ Special Disabled Veteran (*Discharged/released from active duty because of service-connected disability OR entitled to disability compensation, or who, but for receipt of military retired pay, would be entitled to disability compensation, for a disability rated at 30% or more or rated at 10% or 20% and under 38 U.S.C. 1506 has been determined to have a serious employment disability*)
_____ Vietnam Era Veteran (*Served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75 and was discharged/released with other than dishonorable discharge or for a service-connected disability*)

Applicant's Name: _____

Date: _____

Applicant's Signature: _____

SSN#: _____

**APPLICANT'S CERTIFICATION AND AUTHORIZATION TO
RELEASE INFORMATION**

(Please Read and Sign Below)

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed regardless of the time elapsed before discovery.

I hereby authorize Ortivus to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize my former employers to disclose to Ortivus any and all letters, reports, and other information related to my work record without giving me prior notice of such disclosure. In addition, I hereby release Ortivus, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and Ortivus. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of myself or Ortivus, and that no promises or representations contrary to the foregoing are binding on Ortivus unless made in writing and signed by me an Executive Officer of Ortivus.

Date

Applicant's Signature

Ortivus, Inc.
dba Ortivus North America

PRE-EMPLOYMENT DRUG TESTING POLICY

Consistent with Ortivus's policy opposing drug and/or alcohol abuse we have implemented a pre-employment drug testing policy.

All job applicants at this company will undergo screening for the presence of illegal drugs as a condition of employment.

Applicants will be required to voluntarily submit to a urinalysis test at the laboratory chosen by Ortivus, and by signing a consent agreement release Ortivus from liability.

Any applicant with positive test results will be denied employment.

Ortivus will not discriminate against applicants for employment because of past abuse of drugs and/or alcohol. It is the current abuse of drugs and/or alcohol, which prevents employees from properly performing their jobs that Ortivus will not tolerate.

Date

Applicant's Signature