

# NeedleTech Products, Inc. Employment Application

*NeedleTech is dedicated to a policy of nondiscrimination in employment on any basis including race, color, sex, religion, national origin, marital status, disability, age, sexual orientation, veteran's status, genetic information or any other category protected by local, state or federal law. We take affirmative action to assure that all employment decisions are based on valid job requirements, and that equal employment opportunities are provided with regard to all personnel actions.*

## Personal Information

Name (Last, First, MI)	Today's Date:
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Street Address	City, State, Zip
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Prior Address:

Home Phone #	Cell Phone #	E-mail Address:
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## Employment Desired

Position Applied for:	Date available for work:	Wage Desired:
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Check All That Apply	Full Time		Part Time		1st Shift		2nd Shift		3rd Shift	
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How did you hear about this position?

## Education

	Name and Location of School	Course of Study	Total Years of Study	Degree/ Diploma
High School				
Undergraduate College				
Graduate/ Professional				

## Additional Information

**Special Skills:**

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List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability, or any other protected status. **Note:** You may include any volunteer work that can be verified.

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List any languages other than English that you can speak, read, or write, that could be of benefit to the position applied for:

Language	Speak			Read			Write		
	Fluent	Good	Fair	Fluent	Good	Fair	Fluent	Good	Fair

## EMPLOYMENT HISTORY

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. May we contact your current employer? ( ) Yes ( ) No ( ) Not currently employed

**Important: Complete this section even if you are attaching a resume.**

Start Date:	Employer name:	Starting Salary
	Address:	
End Date:	Position:	Ending Salary
	Phone #	

Reason for leaving:

Start Date:	Employer name:	Starting Salary
	Address:	
End Date:	Position:	Ending Salary
	Phone #	

Reason for leaving:

Start Date:	Employer name:	Starting Salary
	Address:	
End Date:	Position:	Ending Salary
	Phone #	

Reason for leaving:

Start Date:	Employer name:	Starting Salary
	Address:	
End Date:	Position:	Ending Salary
	Phone #	

Reason for leaving:

Please account for any gaps in your employment history:

## REFERENCES

List below, three persons who have knowledge of your work performance within the last 5 years.

Name	Company	
Address	E-Mail	
Phone	Relationship	Years Acquainted

Name	Company	
Address	E-Mail	
Phone	Relationship	Years Acquainted

Name	Company	
Address	E-Mail	
Phone	Relationship	Years Acquainted

**ADDITIONAL INFORMATION**

Have you ever been employed with NeedleTech before? If yes, when?		Yes	No
Do you have any friends or relatives employed by NeedleTech? If Yes, please provide their names and relationship to you.		Yes	No
If you are under 18 years of age, can you provide proof of your eligibility to work?	Not under 18 years	Yes	No
If hired, can you provide proof of U. S. citizenship or proof of your legal right to work in the U. S.?		Yes	No
If hired, would you be able to work overtime as needed?		Yes	No
If hired, can you meet the attendance requirement of the position for which you are applying?		Yes	No
Have you ever been in the Armed Forces?	Date Entered	Type of discharge: If other than honorable, explain.	
Are you now a member of the National Guard?	Discharge Date		
Do you currently engage in the illegal use of drugs?		Yes	No

My signature below indicates that I have fully read and understand the contents of the document and that this document will become an official record of my personnel file. I am also aware that I am entitle to a copy of this document after submitting a written Letter to the Manager of Human Resources Department.

**Note:** It is unlawful In Massachusetts to require or administer a lie detector test as a condition of employment or continued

**Please read each statement closely, acknowledging your understanding.**

**Complete and Accurate Information**

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 have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other 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.

**At-Will Employment**

I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's President.

**Investigation Authorization**

I authorize investigation of all statements contained in this application and company directed performance of drug and alcohol testing on myself. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary be terminated at any time without any previous notice. Additionally, this release and authorization acknowledges that this company may now, or at any time while employed, conduct a verification of my education, previous employment/work history, credit history, driving record, workers' compensation claims from the Department of Labor and/or Worker's Compensation Commission from any state, and receive any criminal record informatin pertaining to me which may be in the files of a Federal, State, or Local criminal justice agency in Massachusetts or any other States.

**I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENTS AND ACCEPT AND ACKNOWLEDGE THAT I WILL BE BOUND BY THEM AS CONDITIONS OF EMPLOYMENT BY THE COMPANY.**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

**\* NeedleTech Products is a Drug-Free Workplace. It is a policy of the Company to perform pre-employment drug testing, as well as reasonable suspicion, post-accident drug tests, and post-rehabilitation drug tests.**

**NEEDLETECH**  
**A Subsidiary of Theragenics®**  
**VOLUNTARY APPLICANT IDENTIFICATION DATA**

Employers are subject to certain governmental recordkeeping and reporting requirements for the administration of Federal and State Equal Employment Opportunity laws and regulations. In order to comply with these laws, NeedleTech invites you to voluntarily self-identify your gender, ethnicity, race, veteran and disability status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**NAME:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**1. GENDER**

\_\_\_\_\_ Female  
\_\_\_\_\_ Male

**2. HISPANIC OR LATINO**

\_\_\_\_\_ Yes  
\_\_\_\_\_ No  
Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.

**IF YOU ANSWERED "NO" TO QUESTION # 2, REPORT ANY APPROPRIATE RACE CATEGORY BELOW**

**3. RACE**

\_\_\_\_\_ **White**  
Persons having origins in any of the original peoples of Europe, the Middle East or North Africa.

\_\_\_\_\_ **Black/African American**  
Persons having origins in any of the Black racial groups of Africa.

\_\_\_\_\_ **Asian**  
Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malasia, Pakistan, the Philippine Islands, Thailand and Vietnam.

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander**  
Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ **American Indian/Alaska Native**  
Persons having origins in any of the original peoples of North and South America, (including Central America), and who maintain tribal affiliation or community attachment.

\_\_\_\_\_ **Two or more races**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date