



Catheter & Medical Design, LLC

1758 Terrace Drive | Roseville, MN 55113
 Tel: (651) 636-6505 | Fax: (651) 636-4369

EMPLOYMENT APPLICATION

Please print legibly using a blue or black pen.

POSITION:	
Position applying for:	Date of application:
Type of employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Desired Salary:
What date are you available to begin work?	Referred by: (First and last name)
Have you ever worked for this company before: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, provide dates and position:	

PERSONAL INFORMATION:			
Name:	(First)	(Middle initial)	(Last)
Address:	(Street Address)	(City)	(State) (Zip code)
Main Phone number:	Alternate phone number:	Emergency Contact: (Name and phone number)	
Are you authorized to work in the US? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO	If hired, can you present evidence of your identity and legal right to work in this country? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION	School Name	Years Completed	Diploma/ Degree (Yes/No)	Area of Study/Major	Specialized Training, Skills, or Extra- Curricular Activities
High School					
College/ University					
Graduate/ Professional School					
Trade School					
Other					



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WORK HISTORY:	
Employer name:	Dates employed (month/year): From: _____ To: _____
Address:	Phone number: May we contact: ___ YES ___ NO
Job title:	Supervisor:
Job duties:	Reason for leaving:

Employer name:	Dates employed (month/year): From: _____ To: _____
Address:	Phone number: May we contact: ___ YES ___ NO
Job title:	Supervisor:
Job duties:	Reason for leaving:

Employer name:	Dates employed (month/year): From: _____ To: _____
Address:	Phone number: May we contact: ___ YES ___ NO
Job title:	Supervisor:
Job duties:	Reason for leaving:

ADDITIONAL SKILLS/TRAINING:
List any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.



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REFERENCES:			
Name:	Relationship:	Years acquainted:	Phone number:
Name:	Relationship:	Years acquainted:	Phone number:
Name:	Relationship:	Years acquainted:	Phone number:

Applicant Statement and Agreement

Read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize CMD to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to CMD any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, 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.

_____ If I am employed by the CMD, I understand that I am required to comply with all rules and regulations of the company.

_____ If hired, I understand and agree that my employment with CMD is at-will, and that neither I, nor CMD is required to continue the employment relationship for any specific term. I further understand that CMD or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that safety of employees is extremely important to CMD and that CMD is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I hereby certify 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 on 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 understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREED TO ALL OF THE ABOVE TERMS.

Signature: _____

Name (print): _____ Date: _____