



Date Received:

### APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

NORWOOD MEDICAL IS AN EQUAL OPPORTUNITY EMPLOYER AND AFFORDS EQUAL OPPORTUNITY TO ALL APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED UNDER LOCAL, STATE OR FEDERAL LAWS.

NOTE: WORKING REQUIRED OVERTIME IS A CONDITION OF CONTINUED EMPLOYMENT WITH NORWOOD MEDICAL.

#### SECTION I: APPLICANT INFORMATION

Last Name First Name Middle Initial Social Security Number Today's Date

Street City State Zip Code Phone Number

Are you a United States Citizen?  YES  NO

If NO, Are you legally entitled to hold employment of the kind for which you are applying in the United States?  YES  NO

Are you 18 years of age or older?  YES  NO

How did you hear about Norwood Medical? \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations?  YES  NO

If yes, give details: \_\_\_\_\_

Have you ever applied to this company before?  YES  NO If yes, when? \_\_\_\_\_

Have you ever worked for our company?  YES  NO If yes, when and why did you leave? \_\_\_\_\_

#### SECTION II: POSITION INTEREST

Desired Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Desired Shift:  Days  Nights  Either Date you can start work: \_\_\_\_\_

#### SECTION III: EDUCATION AND TRAINING INFORMATION

NAME OF INSTITUTION	CITY, STATE	DEGREE OBTAINED	DID YOU GRADUATE
High School:			<input type="checkbox"/> YES <input type="checkbox"/> NO
College/University:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Other Education/Training:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Subjects of Special Study/Research Work or Special Training Skills:			
Branch of Military Service:			Final Rank:

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### SECTION IV: WORK EXPERIENCE AND PREVIOUS POSITIONS

Are you currently employed?  YES  NO    If so, may we contact your present employer?  YES  NO

**PLEASE CHECK EACH BOX THAT APPLIES TO YOUR WORK EXPERIENCE:**

<input type="checkbox"/> CNC OPERATOR	<input type="checkbox"/> ASSEMBLY	<input type="checkbox"/> PROGRESSIVE DIES	<input type="checkbox"/> PROJECT MANAGEMENT
<input type="checkbox"/> PUNCH PRESS	<input type="checkbox"/> INSPECTION	<input type="checkbox"/> FORKLIFT	<input type="checkbox"/> SUPERVISORY EXPERIENCE
<input type="checkbox"/> SWISS LATHE	<input type="checkbox"/> INVENTORY	<input type="checkbox"/> MAINTENANCE	<input type="checkbox"/> ISO EXPERIENCE
<input type="checkbox"/> WIRE EDM	<input type="checkbox"/> PACKAGING	<input type="checkbox"/> BLUE PRINT READING	<input type="checkbox"/> ENGINEERING
<input type="checkbox"/> MACHINE OPERATOR	<input type="checkbox"/> SHIPPING & RECEIVING	<input type="checkbox"/> QUALITY EXPERIENCE	<input type="checkbox"/> MICROSOFT WINDOWS
<input type="checkbox"/> MEASURING INSTRUMENTS	<input type="checkbox"/> VISUAL INSPECTION	<input type="checkbox"/> METROLOGY	

Please list any inspection tools or techniques you have experience with: \_\_\_\_\_  
 \_\_\_\_\_

**PREVIOUS POSITIONS- LIST BELOW YOUR LAST THREE POSITIONS STARTING WITH THE MOST RECENT**

Employer Name:	Address:	Phone #:	Position/Job Title:
Start Date:      End Date:	Salary:	Supervisor:	
Job Duties:			
Reason for Leaving:			

Employer Name:	Address:	Phone #:	Position/Job Title:
Start Date:      End Date:	Salary:	Supervisor:	
Job Duties:			
Reason for Leaving:			

Employer Name:	Address:	Phone #:	Position/Job Title:
Start Date:      End Date:	Salary:	Supervisor:	
Job Duties:			
Reason for Leaving:			

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_

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**SECTION V: REFERENCES**

PLEASE LIST BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU , WHOM YOU HAVE KNOWN AT LEAST ONE YEAR				
Name	Address	Phone #	Business	Years Known
1.				
2.				
3.				

**SECTION VI: REQUIRED SIGNATURE**

**\*\*PLEASE READ CAREFULLY BEFORE SIGNING\*\***

**AUTHORIZATION**

I certify that all of the information I have provided in this application and/or accompanying documents is true and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in this document will be cause for denial of employment or immediate termination of employment at any time.

I understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, unless it is in writing and signed by the board of directors. I also understand that all employees are employed at will, and may be discharged at any time for any reason. Nothing in the employee handbook, policy or hiring documentation is intended to create any legal rights in employees, expressed or implied.

I understand that if offered a position with Norwood Medical, I will be required to submit to a pre-employment drug screening and background check as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in the withdrawal of any employment offer or termination of employment if already employed.

**I agree that any claim or lawsuit relating to my service with Norwood Medical, or any of its subsidiaries, must be filed no more than six months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.**

**REFERENCE CONSENT**

I authorize the investigation of all statements contained in this application and any accompanying documents. I authorize Norwood Medical to obtain references from the employers I have listed above and on accompanying documents. I understand that information obtained will relate to my previous employment and any pertinent information they may have, personal or otherwise. I release Norwood Medical from all liability for any damage that may result from the utilization of such information. I agree to complete any necessary consent forms.

**BACKGROUND CHECK CONSENT**

I consent to undergo a pre-employment background check as a condition of employment with Norwood Medical. The report will contain information regarding my felony and misdemeanor records. Additional information may be obtained regarding my education, credit standing, motor vehicle verification, etc. I agree to complete any necessary consent forms.

**CONSENT TO DRUG/ALCOHOL TESTING**

I consent to undergo pre-employment drug and/or alcohol testing as a condition of employment at Norwood Medical. I consent to undergo drug and/or alcohol testing at any time during my employment upon the request of Norwood Medical. I understand that in the event I am injured while in the employment of Norwood Medical, I will be required to undergo drug and/or alcohol testing at the time medical attention is given, and I authorize the release of the test results to Norwood Medical without further notice or consent by me. I release Norwood Medical and the medical providers from all claims arising out of the testing and release of the information. I understand that my refusal to undergo drug and/or alcohol testing will result in my immediate termination.

By signing this form in the space provided below, I acknowledge that I have read, understand and consent to the terms and conditions outlined above.

**THIS APPLICATION IS PART OF YOUR OFFICIAL EMPLOYMENT RECORD.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for completing this application form and for your interest in our company

# Mission Statement

Norwood Medical is dedicated to becoming a leading manufacturer for the medical industry. We will achieve this goal by continuing to foster outstanding customer relationships, encouraging a culture of creative thinking and individual responsibility, and maintaining an unwavering commitment to quality. We are dedicated to organic growth and vertical integration.

We will conduct our business to produce financial returns that will allow the company to grow and invest in new equipment and facilities.	We will provide quality and delivery equal to or exceeding the best of our competitors. Our emphasis on quality reflects our belief that customers committed to quality will, in the long run, be our most valuable customers.
We will focus on innovation with a passion to solve the manufacturing complexities of our customers' products.	We will continuously strive to reduce our costs in order to maintain competitive pricing.
We will treat our employees fairly, with respect and honesty, and strive to acquire and retain the industry's leading talent. We will provide a safe work environment and reward meaningful contributions to our success.	We will contribute to our community by creating new jobs, maintaining our facilities and showing concern for our environment.



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