



APPLICATION FOR EMPLOYMENT

Aetrium Incorporated is an Equal Opportunity Employer and does not discriminate on the basis of race, creed, color, sex, religion, age, national origin, family status, physical or mental disabilities, veteran's status, status with regard to receipt of public assistance or sexual orientation.

All applications for employment are kept in active status for a period of 60 days.

PERSONAL INFORMATION

Name Last First Middle

Address Street City State Zip Code

Home Phone Business Phone

Are you authorized to work in the United States? Yes No Social Security Number

Form with questions: Type of work or position desired? Date available for work? How were you referred to us? Have you filed an application here before? Have you ever been employed here before? Are you employed now? Do you have any obligation that would prevent you from working more than eight (8) hours a day?

EMPLOYMENT EXPERIENCE (Dates For Last 5 Years Only)

Starting with your PRESENT or MOST RECENT employer, please supply the information requested below.

Table with 4 columns: Employer, Dates Employed (From, To), Hourly Rate/Salary (Starting, Final), and Address. Includes rows for Work Performed, Job Title, Supervisor, Reason for Leaving, and Telephone.

Employer	Dates Employed		Hourly Rate/Salary	
	From	To	Starting	Final
Address:				
	Work Performed:			
Job Title:				
Supervisor:	Reason for Leaving:			
Telephone: ()				

Employer	Dates Employed		Hourly Rate/Salary	
	From	To	Starting	Final
Address:				
	Work Performed:			
Job Title:				
Supervisor:	Reason for Leaving:			
Telephone: ()				

Employer	Dates Employed		Hourly Rate/Salary	
	From	To	Starting	Final
Address:				
	Work Performed:			
Job Title:				
Supervisor:	Reason for Leaving:			
Telephone: ()				

Employer	Dates Employed		Hourly Rate/Salary	
	From	To	Starting	Final
Address:				
	Work Performed:			
Job Title:				
Supervisor:	Reason for Leaving:			
Telephone: ()				

What are your present annual salary requirements? _____

CHECK ANY PREVIOUS TRAINING

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Gen'l Admin. Or Mgmt. | <input type="checkbox"/> Facsimile | <input type="checkbox"/> Gen'l Office |
| <input type="checkbox"/> Typing _____ wpm | <input type="checkbox"/> Computer | <input type="checkbox"/> Other |
| <input type="checkbox"/> Statistics | <input type="checkbox"/> Word Processing | _____ |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Programming | _____ |

List software you have a working knowledge of: _____

SPECIAL SKILLS AND QUALIFICATIONS

EDUCATION	SCHOOL NAME AND LOCATION	MAJOR/MINOR	DEGREE	G.P.A.
HIGH SCHOOL				
COLLEGE				
COLLEGE				
GRADUATE SCHOOL				
TECHNICAL SCHOOL				
OTHER				

Summarize special skills and qualifications acquired from employment or other experience:

GENERAL

List subjects of special study or interest _____

Have you served in the Armed Services? _____

Type of Discharge? _____ Reserve Status? _____

Rank, assignments and special training while in service? _____

Are you available to travel in relation to your work? Regularly Occasionally Never

Have you ever been bonded? _____ If yes, please list the most recent Bonding Company? _____

Have you ever been convicted of a felony or misdemeanor? _____ If yes, please describe _____

Have you ever worked under another name for this company? _____ If yes, please state name _____

Indicate languages you speak, read, and/or write.

	FAIR	GOOD	FLUENT
SPEAK			
READ			
WRITE			

REFERENCES

List at least three but not more than four persons who are not related to you in any way who have known you for at least one year.

Name:	Telephone:	Years Known:
Address:		

Name:	Telephone:	Years Known:
Address:		

Name:	Telephone:	Years Known:
Address:		

Name:	Telephone:	Years Known:
Address:		

TO BE READ AND SIGNED BY THE APPLICANT

Aetrium Incorporated prohibits the unauthorized use, sale, distribution, dispensation, manufacture, or possession of alcohol or a controlled substance on Company job sites, on Company property, or during working time and prohibits any employee from working for Aetrium Incorporated while under the influence of or impaired by alcohol or any controlled substance

I understand and agree that I may be required to have one or more of the following: physical exam; drug or alcohol test; TB screening, immunizations; any other necessary medical testing as a condition of hiring or continued employment. I agree to consent to take such test(s) at such times and with health care professionals designated by the Company and release the Company, its directors, officers, agents or employees and physicians administering tests and testing laboratories from any claim arising in connection with the use of such test(s). Positive results on drug and alcohol tests will result in ineligibility for employment or if hired, discipline up to and including discharge.

The information I have supplied on this application and by way of any oral statements is true and correct. I understand that any misstatements of misleading omission will be considered sufficient cause for rejection as a candidate or for immediate discharge.

Receipt of this application does not mean that a job opening exists at Aetrium Incorporated and does not obligate Aetrium Incorporated in any way. This application is valid for 60 days. If you apply for another position after this expires, a new one will be required.

I hereby authorize Aetrium Incorporated to investigate my background at any time. I release from liability any person or organization providing requested information to Aetrium Incorporated or their agents or agencies so designated. If a consumer credit reporting agency is engaged in the investigation, information relevant to the nature and scope of the inquiry, if on is made, will be provided to you.

I understand and agree that if hired by Aetrium Incorporated my employment is for no definite period of time and may be terminated at will by either party without cause or prior notice, and that none of the Company's practices or policies are to be construed as imposing any binding obligations on Aetrium Incorporated and that they are subject to change and deletion at any time.

Under the Employee Polygraph Act of 1988, an employer may not require or demand any applicant for employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment

I understand that, as a condition of any offer of employment, I am required by federal law to produce documentary evidence of identity and authorization to work in the United States. If documents are not produced within 3 days of date of hire, employment will terminate.

I acknowledge that I have read and understand this agreement, and have signed this release voluntarily and of my own free will.

Date _____ Applicant's Signature _____