

PERSONAL INFORMATION

Last name _____	First name _____	Middle name _____
Date of Birth _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street Address _____		
City _____	State _____	ZIP _____
Telephone _____		

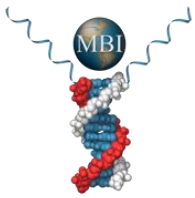
EDUCATION HISTORY

	School Name	Location	Degree/Major	Graduated
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No
Post-Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No
Apprenticeship				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any professional license(s) or certification(s) you hold.

Special Skills, Expertise, and Qualifications: (Foreign language fluency, etc.)

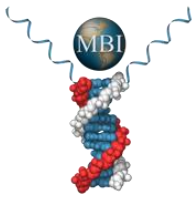
You may use this space to provide additional information you wish to include:



EMPLOYMENT HISTORY

List all present and past employment beginning with the most recent.

Employer: _____	Employed From: _____	to _____
Employer's Address: _____		
Employer's Phone: _____	Hourly	Start: \$ _____
Position: _____	Rate/Salary:	Final: \$ _____
Your Supervisor: _____	Reason for Leaving: _____	
Duties/Responsibilities: _____ _____ _____		
May we contact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer: _____	Employed From: _____	to _____
Employer's Address: _____		
Employer's Phone: _____	Hourly	Start: \$ _____
Position: _____	Rate/Salary:	Final: \$ _____
Your Supervisor: _____	Reason for Leaving: _____	
Duties/Responsibilities: _____ _____ _____		
May we contact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer: _____	Employed From: _____	to _____
Employer's Address: _____		
Employer's Phone: _____	Hourly	Start: \$ _____
Position: _____	Rate/Salary:	Final: \$ _____
Your Supervisor: _____	Reason for Leaving: _____	
Duties/Responsibilities: _____ _____ _____		
May we contact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No



PERSONAL REFERENCES *(no personal friends or family)*

Name: _____	Job Title: _____
Company Name: _____	Phone: _____
Address: _____	
Relationship: _____	Time Known: _____ year(s)
Name: _____	Job Title: _____
Company Name: _____	Phone: _____
Address: _____	
Relationship: _____	Time Known: _____ year(s)
Name: _____	Job Title: _____
Company Name: _____	Phone: _____
Address: _____	
Relationship: _____	Time Known: _____ year(s)

Attach additional information if necessary.

AGREEMENTS

I understand that under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.00.

After an offer of employment is made, a pre-employment baseline HIV test and a pre-employment drugs of abuse test may be required by Maxim Biomedical as a condition of employment. These tests are arranged by and at the expense of Maxim Biomedical, and will be performed at a licensed clinical laboratory by licensed medical personnel. By applying for employment at Maxim Biomedical, I acknowledge my understanding and agreement: (1) the results of my pre-employment baseline HIV test will be held in confidence by the testing laboratory and will only become known to me and to Maxim Biomedical in the event I am involved in an industrial accident where there is a possibility I was exposed to HIV infection within the workplace; and (2) failure on my part to successfully complete the required post-offer, pre-employment drugs of abuse test may result in Maxim Biomedical rescinding the employment offer and terminating my employment.

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 on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I also understand that I will need to provide proof of eligibility to work in the United States within three business days of my initial date of employment. I further understand that, if hired, I will be required to start at the base salary level of the position unless specifically provided for by Human Resources policy or rule. Please sign below acknowledging your understanding and acceptance of the above terms and conditions of employment at Maxim Biomedical.

Signature _____	Date _____
-----------------	------------