



Puritan[®]
Quality since 1919

APPLICATION FOR EMPLOYMENT

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Qualified applicants are considered for employment without regard to race, color, religion, gender, national origin, age, mental or physical disabilities, marital status, veteran status, sexual orientation, gender identity and/or expression, genetic information, or any other characteristic protected by applicable law. All employment decisions shall be consistent with the principles of equal opportunity employment. Accommodations to enable all individuals to participate in the application process may be provided upon advance request.

This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S. For more information, please view the Notice of E-Verify Participation and Right to Work posters, available from Human Resources at Puritan Medical Products Company I LP, or online:

<https://www.e-verify.gov/employers/employer-resources?resource=32>

ANSWER ALL QUESTIONS - PLEASE PRINT

Applicant's Name (Last) (First) (Middle)		Date of Application	
Applicant's Address (Street)		Applicant's Email Address	
Applicant's Address (City, State, Zip)			
Telephone () ()	Business telephone where you can currently be reached () ()		May we contact you there? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position(s) Applied For (List Job Titles)		Status Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Referral Source <input type="checkbox"/> Advertisement <input type="checkbox"/> Job Fair		<input type="checkbox"/> Employment Agency _____ <input type="checkbox"/> Employee	<input type="checkbox"/> College/Career Placement Office <input type="checkbox"/> Other
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	Salary Requirements	Date Available for Work
Have you filed an application or been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes give date(s)			
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible to be lawfully employed in the United States (proof of authorization to work in the United States will be required to be shown upon employment)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List any friends or relatives employed by the Puritan Medical Products. What is the relationship?			
EMPLOYMENT EXPERIENCE (List each job held. Start with your present or last job. Include military service assignments and volunteer activities.)			
Date From	Employer Name	Employer Address	
Date To	Employer Phone Number	Job Title	
1	Work Performed		
	Supervisor Name	Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Supervisor Phone Number		Supervisor Email
Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What name?			

EMPLOYMENT EXPERIENCE (List each job held. Start with your present or last job. Include military service assignments and volunteer activities.)

Date From	Employer Name	Employer Address	
Date To	Employer Phone Number	Job Title	
2	Work Performed		
	Supervisor Name	Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Supervisor Phone Number	Supervisor Email	

Are you known by another name Yes No If yes, What name?

EMPLOYMENT EXPERIENCE (List each job held. Start with your present or last job. Include military service assignments and volunteer activities.)

Date From	Employer Name	Employer Address	
Date To	Employer Phone Number	Job Title	
3	Work Performed		
	Supervisor Name	Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Supervisor Phone Number	Supervisor Email	

Are you known by another name Yes No If yes, What name?

EMPLOYMENT EXPERIENCE (List each job held. Start with your present or last job. Include military service assignments and volunteer activities.)

Date From	Employer Name	Employer Address	
Date To	Employer Phone Number	Job Title	
4	Work Performed		
	Supervisor Name	Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Supervisor Phone Number	Supervisor Email	

Are you known by another name Yes No If yes, What name?

PLEASE EXPLAIN GAPS IN EMPLOYMENT GREATER THAN 90 DAYS

Dates	Reason

REFERENCES (List professional references only. Do not list friends or relatives)

Name and Title	Address / Phone Number / Email

EDUCATION HISTORY

Education	Name and Address of School	Course of Study	Did you Graduate?	List Diploma / Degree
High School				
College				
Other (Specify)				

Are you known to schools by another name? Yes No If Yes, what name(s) are you known by?

PRE-EMPLOYMENT STATEMENT

I represent that my responses set forth in this application are truthful, accurate, and complete. Any and all false or inaccurate statements made by me in this Application or otherwise during the employment evaluation process shall be grounds both for rejecting my Application for employment and, should I be hired by Puritan Medical Products, termination of my employment.

I authorize representatives of Puritan Medical Products to contact educational institutions, state and federal agencies (to conduct driving record checks and criminal history records checks) and employers designated in this Application for purposes of verification and investigation of my educational, criminal record, driving record, and employment background and performance. Such individuals and organizations are authorized to release such information as may be requested by a Puritan Medical Products representative. I hereby release all such persons from liability or damages incurred as a result of furnishing such information. I understand that an unsatisfactory reference shall be grounds both for rejecting my Application for employment and, should I be hired by Puritan Medical Products, termination of my employment. Should I be employed by Puritan Medical Products, I understand that I could be subject to an outside probe if accused of wrongdoing.

I understand that I may be required to undergo drug testing that complies with DOT or State requirements as a condition of my employment.

Please be aware that Puritan Medical Products is required to report New Hire information to the State of Maine, Department of Human Services, Division of Support Enforcement and Recovery weekly or within 7 days of the date of hire. Puritan Medical Products complies with this legal requirement.

I certify that I am neither suspended nor excluded from participation in Medicare of state health programs under provisions of sections 1128 or 1156 of the Social Security Act.

Puritan Medical Products desires to maintain a safe and healthy working environment for the benefit of all employees. Where there is a reasonable question as to whether or not I can safely perform the duties of my job due to my physical or mental condition, Puritan Medical Products shall have the right to require that I submit to physical or mental examinations for purposes of receiving medical confirmation that I can safely perform the duties of my job. Any and all such examinations shall be for job-related purposes only and shall be performed by a medical advisor or advisors selected and paid for by Puritan Medical Products. I hereby release all such information to Puritan Medical Products and waive any right of confidentiality.

Submission of the application does not entitle me to be interviewed by Puritan Medical Products. Further, nothing in this Application or in the employment evaluation process shall be construed as either an offer of employment or an obligation on the part of Puritan Medical Products to provide any benefit to me. This Application shall be pending, unless withdrawn by me, until Puritan Medical Products makes a decision on whether or not to hire me or until the 30th day after submission of this application to Puritan Medical Products, whichever occurs first. If no action is taken on my Application within a 30-day period, I understand that I must re-apply to Puritan Medical Products in order to be considered for employment. Should I be employed by Puritan Medical Products, I agree to comply with any and all employment rules and policies of Puritan Medical Products.

After reading all of the terms of this application. I hereby affirm that I understand and agree to the provisions of the same. I also agree that my employment with Puritan Medical Products is on an "at-will" basis, meaning that such employment may be permanently discontinued by either Puritan Medical Products (through discharge or lay/off) or myself through voluntarily quitting at any time without notice and without any recourse of any kind by either party. I expressly agree and understand this is the entire agreement between Puritan Medical Products and me on the subject of discharge, termination and/or layoff, and it may be changed only by an agreement in writing signed by the designee of Puritan Medical Products. I agree to conform to Puritan Medical Products rules and I also agree that I shall be subject to other conditions, which Puritan Medical Products may adopt. I affirm the information in this application is true and complete, and any intentional deception herein may be considered sufficient cause for dismissal.

Date **Applicant's Signature**

To complete the application, digitally sign and save as PDF to your computer or file storage, then email the file to humanresources@puritanmedproducts.com

Clear Form and start over.