



Lattice**Biologics**

Natural & Regenerative Tissue Solutions

Application for Employment

Revised 02.12.2014

APPLICATION FOR EMPLOYMENT

Lattice Biologics Inc. is committed to creating a diverse environment and is proud to be an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, age, or veteran status. Lattice Biologics is committed to creating a diverse environment and is proud to be an equal opportunity employer.

(PLEASE PRINT)

Position(s) applied for: _____ Date of application: _____

Last Name	First Name	Middle Name
Address	City	State
		Zip Code
E-mail Address		Nickname
Telephone Number(s)		

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Name and Address of Employer	Dates Employed		Supervisor and Telephone Number	Job Title and Duties	Reason for Leaving
	From	From			
	Month/Year	Month/Year			
	Pay Rate				
	Starting	Final			
			May we contact? <input type="radio"/> Yes <input type="radio"/> No		
Name and Address of Employer	Dates Employed		Supervisor and Telephone Number	Job Title and Duties	Reason for Leaving
	From	From			
	Month/Year	Month/Year			
	Pay Rate				
	Starting	Final			
			May we contact? <input type="radio"/> Yes <input type="radio"/> No		
Name and Address of Employer	Dates Employed		Supervisor and Telephone Number	Job Title and Duties	Reason for Leaving
	From	From			
	Month/Year	Month/Year			
	Pay Rate				
	Starting	Final			
			May we contact? <input type="radio"/> Yes <input type="radio"/> No		

Have you ever been involuntarily terminated or asked to resign from any job? ----- Yes No

If yes, please explain: _____

Please explain any gaps in your employment history: _____

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

EDUCATION

Please describe your educational background in the table provided below.

School Name	Years Completed (Circle)	Diploma/Degree (Yes or No)	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

BUSINESS/PROFESSIONAL REFERENCES

Please list three professional references of individuals who are **not** related to you.

Name & Title	Business Relationship	Telephone Number or Email

CO-WORKER REFERENCES

Please list three people you have worked with who know you well; do not include personal friends or relatives.

Name	Occupation	Relationship (Example: Worked together at ABC Company for 3 years)	Years Acquainted	Telephone Number

GENERAL INFORMATION

1. Have you ever used another name? ----- Yes No
2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record? ----- Yes No

If yes to either of the above, please explain: _____

3. Have you ever worked for this company before? ----- Yes No

If yes, please give dates and position: _____

4. Do you have friends and/or relatives working for this company? ----- Yes No

If yes, name(s) and relationship(s): _____

5. On what date are you available to begin work? _____

6. Days/Hours available to work: _____

7. Are you available to work? Full-time Part-time Shift Work Temporary

8. Minimum salary required? Per Hour _____ Per Month \$ _____

9. If hired, would you have a reliable means of transportation to and from work? ----- Yes No

10. Can you travel if the position requires it? ----- Yes No

11. Can you relocate if the position requires it? ----- Yes No

12. Are you at least 18 years old? ----- Yes No

Note: If under 18, hire is subject to verification that you are of minimum legal age.

13. If hired, can you present evidence of your identity and legal right to live and work in this country? ----- Yes No

14. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation? ----- Yes No

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

15. Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? ----- Yes No

If yes, please give the date(s) and details:

16. Have you been arrested for any matters for which you are currently out on bail or released on your own? Recognizance pending trial? ----- Yes No

If yes, please give the date(s) and details:

Note: Answering "Yes" to questions 15 or 16 does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. Do not include minor traffic infractions, any convictions for which the record has been sealed or expunged, any conviction for which the conviction has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and misdemeanor marijuana-related offenses that occurred over two years ago in answering these questions.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

APPLICANT STATEMENT AND AGREEMENT

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

_____ I hereby authorize the Company 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 the Company 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.

_____ I understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated.

_____ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is committed to continuing the employment relationship for any specific term. I further understand that the Company 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 also understand that the Company and its client are co-employers and that, if hired, I will be co-employed by both companies and the companies shall share employment responsibilities.

_____ I understand that safety of employees is extremely important to the Company and that the Company 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 also recognize that an effective safety program extends beyond normal working hours. Safety should be promoted within the family and in off-the-job activities. I understand and agree to adhere to safety practices while performing my job. A copy of the Injury Standards of Procedure will be available upon training.

_____ I understand that any offer of employment is contingent upon agreement to and signing of the Company's Employment Agreement.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and 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 BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND TO ALL OF THE ABOVE TERMS.

Signature: _____

Date: _____

Printed Name: _____

City/State: _____

Legal Disclaimer: The Application for Employment is intended for informational purposes only, and does not constitute legal information or advice. This information and all HR Department materials are provided in consultation with federal and state statutes, and do not encompass other regulations that may exist, such as local ordinances. Transmission of documents or information through the HR Department does not create an attorney-client relationship. If you are seeking legal advice, you are encouraged to consult an attorney.

BACKGROUND CHECK AUTHORIZATION

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Full Legal Name: _____ Social Security #: _____

Other Names You Have Used: _____ Male Female

Driver's License #: _____ Issuing State: _____

Address History	City	State	Zip	County	From/To

DISCLOSURE

The Company will procure a consumer report and/or investigative consumer report on you in connection with your application. A consumer-reporting agency will obtain the report for the Company. The report may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include but are not limited to: credit reports, social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, licensing and certification checks, etc. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. The nature and scope of any investigative consumer reports that may be requested is explained above. You are nonetheless entitled to request more information about the nature and scope of such reports by submitting a written request to the Compliance Department of the consumer reporting agency.

The Company is furnishing you with a summary of your rights under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission. California Residents or Employees: You may view the file maintained on you by the consumer reporting agency. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at the consumer reporting agency office in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

AUTHORIZATION

I have carefully read and understand the Background Check Authorization form. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency to the Company. I understand that if the Company hires me, my consent will Apply throughout my employment unless I revoke or cancel it by sending a signed letter to the Compliance Department of the consumer-reporting agency.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before, during or after my employment, if any, may be utilized for the purposes of obtaining consumer reports or investigative consumer reports.

By my signature below, I also authorize the disclosure of information concerning my employment history, earnings history, education, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history, and all other information deemed pertinent by the consumer reporting agency to the agency by the following: past or present employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; and motor vehicle records agencies.

For residents of or for jobs located in California, Minnesota and Oklahoma only: You will be provided with a free copy of any consumer reports or investigative consumer reports if you check the box below. You may obtain information or copies from the Company's investigative report file at any time prior to your receipt of such copies, to the extent available, by contacting the Compliance Department. I request a copy of the report.

Signature of Applicant _____ Date _____

For contact information for the consumer reporting agency used for any background checks applicable to your application, please contact the Company.

This section is to be completed by Lattice Biologics Management

Company Name: _____ Position Applied For: _____

Will driving be required? Yes No Will cash be handled? Yes No

Please select item(s) requested:

- Standard Background Check (Includes SSN, County Criminal and Federal Criminal Search)
- Additional Reports Requested: [] Civil Search [] Credit [] Education [] Licenses and Credentials [] References (Please call your HR Specialist to coordinate any additional reports.)