



APPLICATION FOR EMPLOYMENT

• 2979 GRAN PARK WAY • STUART, FLORIDA 34997 •

LIBERATOR MEDICAL HOLDINGS, INC.
APPLICATION FOR EMPLOYMENT

Liberator Medical Holdings, Inc. ("Liberator") is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital or other protected status.

INSTRUCTIONS: ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. PLEASE PRINT. Print "N/A" in any space that does not apply to you. INCOMPLETE APPLICATIONS OR APPLICATIONS PROVIDING ADDITIONAL NON-REQUESTED INFORMATION ARE CONSIDERED WITHDRAWN AND WILL NOT BE CONSIDERED.

Position applied for _____ Date _____

Last Name _____ First _____ M.I. _____

Current Address _____ City _____ State _____ Zip _____ How Long? _____

Previous Address _____ City _____ State _____ Zip _____ How Long? _____

Home Phone # (____) _____ Cell Phone # (____) _____

E-mail address _____ Social Security # _____

Are you 18 years of age or older? Yes No Are you available for full time employment? Yes No

Have you ever applied with Liberator? Yes No
If yes, when? _____

For which job did you apply? _____

Have you been previously employed by Liberator? Yes No
If yes, when? _____

In which job(s) were you employed? _____

Give names and positions of any relatives, including in-laws, who work for Liberator:

Please indicate hours and shifts or days you will not work: _____

What are your salary requirements? _____

List any job related skills or qualifications that support your application: _____

Have you ever been convicted of, or plead guilty, adjudication withheld, *nolle prosequi* or *nolo contendere* to a crime? Yes No

Are you currently awaiting trial, sentencing or other disposition of a criminal charge? Yes No

If the answer to either question is yes, please explain (state the date, type of crime, place of occurrence, disposition): _____

***Note: Conviction of a crime will not necessarily disqualify you for employment. Each conviction will be judged on its own merit with respect to time and job relatedness.**

Have you ever been discharged or requested to resign from a position? Yes No

If so, explain: _____

EDUCATION

Level	Name	Major	Circle Highest Grade Completed	Degree/ Diploma/GED
High School			9 10 11 12	
College			1 2 3 4	
Other			1 2 3 4	

Professional Licenses: _____

Do you have any special computer or technical skills and training? _____

EMPLOYMENT

(List all employment since high school, the most recent job first. Attach additional sheets if necessary. Include periods of unemployment, self-employment and military service.)

Dates Employed mo/yr-mo/yr	Business Name & Address	Phone #	Position/ Supervisor	Reason for Leaving	Start & End Salary
1.					
2.					
3.					
4.					

May we contact your present employer? Yes No

If you answered "No", please explain: _____

PERSONAL REFERENCES

(Do not list relatives or previous employers)

Name	Address	Phone #	Occupation	Years Known
1.				
2.				
3.				

PLEASE READ CAREFULLY

**JOB APPLICANT ACKNOWLEDGEMENT & AUTHORIZATION
TO RELEASE EMPLOYMENT REFERENCE INFORMATION**

I understand that Liberator Medical Holdings, Inc. (“Liberator”) will attempt to verify statements made on my application and made during my employment interview. When contacted by Liberator, I give permission for my former employers to answer any and all questions based upon information available to them in my prior employment records. I understand that it is possible that my prior employment records may not be accurate. Nonetheless, in consideration of Liberator’s review of this application, I release Liberator and all former employers from any liability as a result of the furnishing and receiving of this reference information. I understand that my failure to sign this reference release so that Liberator can contact references and make a full background check of my previous work history will be deemed interference with and a withdrawal of my application for employment.

I understand that Liberator requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. I understand that false, incomplete or misleading statements or omissions on this application or any other pre- or post-employment form may be considered sufficient cause for dismissal, if and when discovered. The use of this application does not indicate there are positions open and does not in any way obligate Liberator.

I authorize personal references as well as developed references, other persons, companies, corporations, schools, and law enforcement agencies to furnish to Liberator and/or its agents or representatives any information they have concerning me. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation. I understand that prior to obtaining any information from a credit reporting service, Liberator must first obtain my written consent in a disclosure separate from this application. I understand that Liberator shall treat all this information in a confidential manner.

I understand that if I am employed by Liberator, I must conform to the rules of Liberator. I understand that I have the right to terminate my employment at any time with or without notice, with or without cause, and that Liberator has a similar right. I understand my employment by Liberator does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. I understand that I may be required to work scheduled and unscheduled overtime and scheduled weekend and holiday work when required by Liberator. I understand that no one other than the President of Liberator has the authority to make any other agreement.

I understand that I may be required to submit to drug testing now or at any time in the future and I agree to such testing. I also understand that I may be required to submit to a medical evaluation. Moreover, I understand that my failure or refusal to undergo such testing will result in the withdrawal of my employment application.

The Immigration Reform and Control Act of 1986 requires that, after employment, employers verify the legal work authorization and identity of all new employees. An offer of employment will depend upon Liberator’s ability to verify this necessary information.

I understand that if I am hired, confidential information regarding Liberator, and/or its customers and employees, may be available to me and that this information must not be disseminated or used except for Liberator’s benefit. If employed, I agree to keep all information about Liberator, including, such information regarding its business methods, customers and employees, confidential and shall not disclose this information to any unauthorized personnel whether within or without Liberator.

Complete Signature of Applicant

Date

Thank you for completing this application form and for your interest in employment with us. Due to the volume of applications received, we may not interview every applicant. In the event you are selected for interview, we will contact you.

Applications will not be considered active after 90 days from date of application unless renewed, in writing, by the applicant at this location.

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PLEASE READ CAREFULLY

**EMPLOYER’S DISCLOSURE OF INTENT TO PROCURE
CONSUMER REPORT ON JOB APPLICANT &
JOB APPLICANT’S AUTHORIZATION TO OBTAIN CONSUMER REPORT**

The Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.* (“the Act”), requires that employers inform job applicants in a clear, conspicuous, separate disclosure of the prospective employer’s intent to obtain a consumer report on the applicant. The Act further requires that the job applicant give his or her written authorization so that Liberator Medical Holdings, Inc. (“Liberator”) can obtain a consumer report.

Therefore, in keeping with the notice and authorization requirements of the Act, I _____, acknowledge that I have been
[Applicant’s Name]
informed through this disclosure statement that Liberator intends to obtain a consumer report concerning me now and, if hired, may obtain a consumer report at anytime during the course of my employment, and I give my consent to obtain these reports.

When contacted by Liberator, I authorize consumer reporting agencies to furnish to Liberator and/or its agents or representatives any information they have concerning me. I understand that Liberator shall treat this information in a confidential manner. I further understand that Liberator will rely on the information contained in my report to determine my suitability for employment and that Liberator is not liable for failing to employ me based upon reliance on information contained in the report.

Before Liberator may take any adverse action based in whole or in part on the consumer report obtained concerning me, Liberator shall provide me a copy of the report and a description in writing of the rights of the consumer as prescribed by the Federal Trade Commission under section 609(c)(3).

Print Name

Social Security Number

Signature of Applicant

Date