



Referred by: _____

Application for Employment

Equal Opportunity Employer – Rochester Medical considers applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital status, status with regard to public assistance, or any other legally protected status.

Name (last, first, middle initial):			Telephone #:		
Address (street):			Social Security #:		
City:	State:	Zip Code:	Are you at least 18 years old (or otherwise able to submit proof of eligibility of employment under child protection or related labor laws)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position & Shift applying for:	Pay expected:		Date available for employment:		
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Can you show proof of your eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you accept weekend scheduling? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will you accept holiday scheduling? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you worked at Rochester Medical before?		If yes, when:		Position held:	
List any special skills, hobbies or activities you possess which relate to the job for which you applied:					
Have you been convicted of a criminal offense (other than minor traffic violations or juvenile offenses) within the last 7 years? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If so, please indicate the nature of the offense, location (city, county, state) and date of the conviction (a criminal conviction will not automatically disqualify you from consideration for employment): _____					
Military training or experience:					
Professional Licenses/Certification/Registration		Year	Expiration Date	State	Number
Educational Data: Please circle the number indicating the total years of schooling you have had (exclude kindergarten). 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20					
TYPE	NAME OF SCHOOL	City, State	GRADUATED	DEGREE	FIELD OF STUDY
High School			Y YES N NO		
Technical or Correspondence					
College or University					
Graduate					

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EMPLOYMENT HISTORY: List your previous employers in the last seven years in sequential order, with most recent first, and identify any periods of unemployment. Include relevant military or unpaid work experience, if any. Use additional sheets if necessary.

Present or most recent employer's address and phone number:	Last Salary	Supervisor
Title and duties:	Date Began Mo. Yr.	Reason for leaving:
	Date Left Mo. Yr.	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer, address and phone number:	Last Salary	Supervisor
Title and duties:	Date Began Mo. Yr.	Reason for leaving:
	Date Left Mo. Yr.	
Employer, address and phone number:	Last Salary	Supervisor
Title and duties:	Date Began Mo. Yr.	Reason for leaving:
	Date Left Mo. Yr.	
References: If you have had no previous employment, please list school or personal references (do not list relatives).		
Name	Phone Number	Relationship
Name	Phone Number	Relationship
NOTE: If your school or employment records are under another name, please indicate that name below.		

Are you subject to a restrictive covenant (e.g., noncompete and/or non-solicitation agreement) with any current or former employer? Yes No
If yes, please provide a copy.

Are you subject to a confidentiality and/or nondisclosure agreement with any current or former employer? Yes No
If yes, please provide a copy.

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APPLICANT'S STATEMENT: I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that the omission of fact, misrepresentation, providing false or misleading information given in my application, or my resume, or during any stage of the hiring process may result in me not be offered a position, revocation of an offer of employment, and/or termination of my employment.

I authorize Rochester Medical to conduct an inquiry into the information contained in this application if I am considered for employment. I authorize my current and former employers and educational institutions to provide information about me. I hereby release Rochester Medical and its representatives from all liability for seeking such information and all other persons and/or entities from furnishing such information. I hereby waive any privilege I may have to such information. I also understand that the Company may obtain a consumer report and/or investigative consumer report for employment purposes and acknowledge that I have received a copy of a separate Notice of Background Check and Authorization. I also understand that my employment is conditional upon acceptable references and background check.

I also understand that any offer of employment may be contingent on the results of a medical examination and I consent to such medical examination. I also understand that any offer of employment may be contingent on passing of a drug and alcohol test and I consent to such drug and alcohol testing. I also understand that if employed, I may be subject to medical examinations and/or drug and alcohol testing pursuant to the Company's policies and practices.

I understand that Rochester Medical will consider this application only for the open position(s) I have specified. I understand that I am required to apply for any other open positions at Rochester Medical for which I wish to be considered.

I understand that any employment relationship established with Rochester Medical is of an at-will nature; which means that I have the right to terminate my employment at any time, for any reason or no reason, with or without prior notice. Rochester Medical retains the same right regarding the termination of my employment at any time for any reason, with or without prior notice. I understand that an offer of employment is conditional on my providing documentation necessary to establish my identity and eligibility to work in the United States in accordance with the requirements of the Immigration and Naturalization Services I-9 form, and completion of the Company's standard employee agreement concerning.

In consideration of my employment, I agree to abide by all policies and regulations of the Company.

My signature is evidence that I have read, understood, and agree with the above statements.

Date: _____ Applicant's Signature: _____

Return to: Rochester Medical Corporation One Rochester Medical Drive Stewartville, MN 55976



Mail Applications to:

Rochester Medical Corporation, Attn: HR
1 Rochester Medical Drive
Stewartville, MN 55976

Questions: Please call (507) 533-9600

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NOTICE OF BACKGROUND CHECK AND AUTHORIZATION

Notice of Intention:

This notice is to inform you that the Company and its agents in consideration of, and during, your employment may obtain a consumer report and/or investigative consumer report for employment purposes reflecting information on yourself and to advise you that the Company and its agents follow all guidelines of the Fair Credit Reporting Act. A written summary of your rights under that Act is enclosed. In particular, the Company and its agents may investigate your background as it pertains to employment considerations. This may include investigations of employment history and performance, personal/professional references, educational history, military and criminal histories, and when applicable to the job, professional licenses, credit or motor vehicle data. The information contained in these reports may be obtained from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers or other personal acquaintances. If an investigative consumer report is requested, you have the right to make a written request for additional information, within a reasonable time after this notification, regarding the nature and scope of the investigation.

Prior to the Company and its agents requesting the above information, a written permission must be signed by you. A refusal to consent to the obtaining of a consumer report and/or investigative consumer report as required by this notice and policies may result in rejection of an application, withdrawal of an offer of employment or discipline, up to and including termination of employment. Please read and complete the information below.

If you are seeking employment in Minnesota, you may request a copy of any report that is prepared by checking the appropriate box below:

Minnesota: I would like a copy of any report regarding me.

- YES
- NO

Written Permission:

I _____ hereby grant permission to the
PRINT NAME

Company and its agents to request background information as it pertains to employment considerations regarding myself.

I acknowledge that any and all information contained in my employment application or otherwise disclosed to the Company by me may be utilized for the purpose of obtaining these consumer reports and/or investigative consumer reports and confirm that all such information is true and correct. I understand that, if subsequent to employment, any such statements and/or answers are found false or that information has been omitted, such false statements or omissions may be just cause for the termination of my employment. I further acknowledge that I have had an opportunity to read and ask questions regarding this notice and consent form, and after such opportunity, I acknowledge and understand this notice. I also understand and acknowledge that nothing in this Notice and Authorization is intended to be, or is, an offer of employment or a promise of continued employment. If employed by the Company, I understand that my employment will not be for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by the Company or me.

**REQUEST FOR INFORMATION FROM INDIVIDUALS RECEIVING JOB OFFERS
SELF-IDENTIFICATION FOR DISABLED INDIVIDUALS AND VETERANS**

This employer is a U. S. Government contractor subject to 41 CFR 60-741 or 41 CFR 60-300, which require Government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities. We are also subject to the *Vietnam Era Veterans Readjustment Assistance Act of 1974 (VEVRAA)* and the *Jobs for Veterans Act of 2002 (JVA)*. We are required to take affirmative action to employ and advance in employment qualified disabled veterans, recently separate veterans, other protected veterans, and Armed Forces service medal veterans. If you are a member of one or more of these categories we would like to include you in our affirmative action program. If you would like to be included, please tell us which category you belong to so we can work with you to satisfy all requirements. The term “**recently separated veteran**” refers to any veteran during the three-year period beginning on the date of discharge or release from active duty. The term “**other protected veteran**” refers to a person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. The term “**Armed Forces service medal veteran**” refers to a person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded under Executive Order 12985 (62 FR 1209). The term “**disabled veteran**” refers to a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary, or was discharged or released from active duty because of a service-connected disability. You may inform us of your desire to benefit under the program at this time and/or at any time in the future.

Telling us about your disability or status as a veteran in one of these categories is voluntary. Refusal to give us information about your disability or veteran status will not subject you to any adverse treatment. Information you give us will be kept confidential. Some people will need to know about any disability accommodation requirements you may have. Those people could include your supervisor, manager, human resources specialist, medical and safety personnel, and government officials engaged in enforcement activities related to affirmative action issues for disabled and veterans.

If you are an individual with a disability or a disabled veteran, it would assist us if you tell us about:

- (i) Any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and;
- (ii) The accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other accommodations.

Employee Name: _____

Job Title: _____ Date: _____

Veteran Status:
(U.S. Veterans only)

- | | |
|---|---|
| <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Qualified Disabled Veteran |
| <input type="checkbox"/> Other Protected Veteran | <input type="checkbox"/> Not a qualified Veteran |
| <input type="checkbox"/> Recently Separated Veteran (within the last three years) | |
| <input type="checkbox"/> Vietnam Era Veteran (this category is still used on the VETS-100 report) | |

Disabled Status:

- | | | |
|--|--|--------------------------|
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> |
| None | | |

I would like to request the following disability accommodation on my job:

At this time, I prefer not to volunteer information about my status as a veteran or any disabilities I may have. I understand I can change my mind at any time in the future.

If you would like a list of campaigns and expeditions that might qualify you as a veteran in the “other veteran” category, go to <http://www.opm.gov/veterans/html/vgmedal2.asp>

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