

BEFORE SUBMITTING THIS APPLICATION FOR CONSIDERATION:

- Complete ALL areas.
- Use ink pen only.
- Please print legibly.
- Identify the position(s) you are applying for You MUST sign and date the application.
- Please, ask for more paper if you need it.
- Résumé's may be attached but do not substitute for completing application. Please, do not write "see résumé."
- You are welcome to fax in your application to 281-392-1146. We will contact you for an interview if we are interested.
- All applications are kept active for 90 days from signature and date.

Thank you for your interest in HERMANN MEDICAL SUPPLIES, INC.

HERMANN MEDICAL SUPPLIES, INC. is an equal opportunity employer and a Drug Free Workplace and reserves the right to conduct drug screens before and during employment with our company.

APPLICATION FOR EMPLOYMENT

DOB: _____ SOCIAL SECURITY #: _____

NAME: _____
Last First Middle

CURRENT ADDRESS: _____
Street City State Zip Code Apt.#

TELEPHONE NUMBER: _____ ALTERNATE _____

DRIVERS LICENCE NUMBER: _____ STATE ISSUED: _____

POSITION APPLYING FOR: _____ SALARY DESIRED: _____

TYPE OF EMPLOYMENT DESIRED: Full Time Part Time Temporary Seasonal

ARE YOU AVAILABLE TO WORK: 1st Shift 2nd Shift 3rd Shift Weekends

HOW DID YOU HEAR ABOUT THIS POSITION: Agency Ad Internet Other

IF REFERRED BY AN EMPLOYEE, WHO REFERRED YOU? _____

HAVE YOU EVER APPLIED TO OR BEEN EMPLOYED BY HMS BEFORE?

IF YES, PLEASE GIVE DETAILS: _____
Yes No

IF YOU ARE APPLYING FOR A DRIVING POSITION, DO YOU HAVE A VALID DRIVERS LICENSE? Yes No License Number State Class Expiration Date

ARE YOU WILLING TO RELOCATE? Yes No CAN YOU TRAVEL? Yes No Some

LIST YOUR COMPUTER SKILLS: _____

EDUCATION

Begin with the most recent/highest level, list technical schools

| SCHOOL NAME | ADDRESS | YEARS COMPLETED | MAJOR | GRADUATED | DEGREE |
|-------------|---------|-----------------|-------|-----------|--------|
| _____ | _____ | 1 2 3 4 | _____ | Yes/No | _____ |
| _____ | _____ | 1 2 3 4 | _____ | Yes/No | _____ |
| _____ | _____ | 1 2 3 4 | _____ | Yes/No | _____ |

CONTINUE TO NEXT PAGE

EMPLOYMENT HISTORY

List your present and past employers for the past 10 years starting with the most recent. Please explain any gaps in employment or if you were self-employed.

NAME OF EMPLOYER: _____ YOUR TITLE: _____

EMPLOYER ADDRESS: _____ PHONE NUMBER: _____

DATES EMPLOYED: _____ SALARY: _____
From/To Starting/Ending

SUPERVISOR/TITLE: _____

REASON FOR LEAVING: _____

RESPONSIBILITIES: _____

_____ MAY WE CONTACT? Yes No

NAME OF EMPLOYER: _____ YOUR TITLE: _____

EMPLOYER ADDRESS: _____ PHONE NUMBER: _____

DATES EMPLOYED: _____ SALARY: _____
From/To Starting/Ending

SUPERVISOR/TITLE: _____

REASON FOR LEAVING: _____

RESPONSIBILITIES: _____

_____ MAY WE CONTACT? Yes No

NAME OF EMPLOYER: _____ YOUR TITLE: _____

EMPLOYER ADDRESS: _____ PHONE NUMBER: _____

DATES EMPLOYED: _____ SALARY: _____
From/To Starting/Ending

SUPERVISOR/TITLE: _____

REASON FOR LEAVING: _____

RESPONSIBILITIES: _____

_____ MAY WE CONTACT? Yes No

CONTINUE TO NEXT PAGE

REFERENCES

Please list references below. Two of these references must be from professional acquaintances:

1. Name _____

Address _____

Phone Number _____ Years Known _____

Relation to applicant Business (please check one)

____ Personal Friend ____ Relative ____ Business Relations

2. Name _____

Address _____

Phone Number _____ Years Known _____

Relation to applicant Business (please check one)

____ Personal Friend ____ Relative ____ Business Relations

3. Name _____

Address _____

Phone Number _____ Years Known _____

Relation to applicant Business (please check one)

____ Personal Friend ____ Relative ____ Business Relations

4. Name _____

Address _____

Phone Number _____ Years Known _____

Relation to applicant Business (please check one)

____ Personal Friend ____ Relative ____ Business Relations

5. Name _____

Address _____

Phone Number _____ Years Known _____

Relation to applicant Business (please check one)

____ Personal Friend ____ Relative ____ Business Relations

CONTINUE TO NEXT PAGE

Hermann medical Supplies reserves the right to conduct criminal background checks on its applicants and periodically on its employees:

Have you ever been convicted of a crime, had adjudication withheld, prosecution deferred, pled guilty or no contest to a crime, been convicted of a crime or have any criminal charges currently pending? You may exclude minor traffic violations but not DWI's/DUI's. Include all misdemeanor and felony convictions.

Yes No

If yes, please provide dates and details: _____

Conviction will not necessarily bar you from employment. Each instance will be considered in relation to the position you are applying for.

STATEMENT OF APPLICATION

I certify the information provided in this application is true and correct to the best of my knowledge and that falsification or omission of information is grounds for my dismissal. I understand this application will be considered, but does not imply I will be employed. I understand if hired, my employment will be for no specific period of time. I understand I have the right to terminate my employment without notice or reason and the company reserves the same right. I understand that if I am invited to join the Hermann Medical Supply team, I will have to sign a NO COMPETE contract as a condition of employment.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THS STATEMENT

APPLICANT SIGNATURE

DATE

Disclaimer:

Hermann Medical Supplies, Inc. does not intentionally hire individuals under contracts or agreements with other DMEPOS companies. By signing this statement you agree to accept any legal responsibilities that may result in breaking such an agreement with another company and release Hermann Medical Supplies from any legal involvement.

I verify that I AM NOT under a no-compete agreement with any company practicing DEMPOS. I also verify that I contacted Hermann Medical Supplies, Inc. of my own free will and accord and accept full responsibility for any legalities which may result from my failure to divulge the terms and conditions of any such contract or agreements made by me in the past with other company.

Applicant Signature

Date