



APPLICATION FOR EMPLOYMENT

Zynex Medical, Inc. is an equal opportunity employer and does not unlawfully discriminate on the basis of race, color, religion, age, gender, marital status, national origin, veteran status, or disability. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Zynex. The use of this form does not mean positions are open, and does not obligate the company.

Applicant name: _____ Date: _____
 Other names used: _____ Date available to start work: _____
 Position(s) applied for or type of work desired: _____
 Address: _____
 Home #: _____ Work #: _____ Other: _____ Social Security #: _____
 Type of employment desired: ___ full-time ___ part-time ___ temporary Desired Salary: _____
 Are you presently authorized to work in the US? _____ Yes _____ No
 Have you ever been discharged or asked to resign by any employer? _____ Yes _____ No
 Are you able to meet the attendance requirements? _____ Yes _____ No
 Do you have any objections to working overtime if necessary? _____ Yes _____ No
 Can you travel if required by this position? _____ Yes _____ No
 Have you previously applied for a job with us? _____ Yes _____ No
 If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No
 Have you ever been convicted of a criminal offense for which a pardon has not been granted? _____ Yes _____ No
 If yes, please explain (a conviction will not automatically bar employment): _____
 Do you have any relatives employed with Zynex? _____ if yes, give their names: _____
 Are you currently employed _____ Yes _____ No May we contact your current employer _____ Yes _____ No
 How did you learn about this job? _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____
 Address: _____ Telephone #: _____
 Immediate supervisor and title: _____
 Dates employed: from _____ to _____ Salary: _____
 Job summary: _____
 Reason for leaving _____
 May we contact this employer? _____ Yes _____ No

Employer: _____ Position held: _____
 Address: _____ Telephone #: _____
 Immediate supervisor and title: _____
 Dates employed: from _____ to _____ Salary: _____
 Job summary: _____
 Reason for leaving _____
 May we contact this employer? _____ Yes _____ No

Employer: _____ Position held: _____
 Address: _____ Telephone #: _____
 Immediate supervisor and title: _____
 Dates employed from _____ to _____
 Job summary: _____

Reason for leaving _____

May we contact this employer? Yes No

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving _____

May we contact this employer? Yes No

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

What type of computer applications/machines/equipment can you operate that relate to the job for which you are applying?

Educational History

List school name and location, years completed, major(s), and any degree(s) earned:

High School or GED: _____ Did you graduate? Yes No

College or University: _____ Did you graduate? Yes No

Technical or Vocational Training: _____ Did you graduate? Yes No

Other: _____ Did you graduate? Yes No

References

List 3 business reference names, telephone numbers, relationship, and years known. Do not list relatives. References may be verified.

1. _____

2. _____

3. _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I hereby authorize Zynex Medical, Inc. to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, references, credit agencies, law enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me. I also hereby release Zynex Medical, Inc. and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I certify that the information given in this application is true and complete to the best of my knowledge without omission of any kind. I understand that any misrepresentation or omission made by me on this application may result in cancellation of this application or immediate termination of employment if I am employed.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either my employer or I may terminate the relationship at will, with or without cause, at any time for any reason. I understand that submission of this application in no way assures me a position with Zynex Medical, Inc.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) working days. Failure to submit such proof may result in immediate termination of employment.

I understand that Zynex Medical, Inc. is a Drug and Alcohol Free Employer. I understand that if I am extended an offer of employment it may be contingent upon my successfully passing a pre-employment physical examination.

This application will be on active status for sixty (60) days and I may reapply if not contacted after that period of time. I have read and fully understand the foregoing, and I seek employment under the conditions contained herein.

Applicant Signature

Date