

EMPLOYMENT HISTORY

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. May we contact your current employer? () Yes () No () Not currently employed

Important: Complete this section even if you are attaching a resume.

Start Date:	Employer name:	Starting Salary
	Address:	
End Date:	Position:	Ending Salary
	Phone #	

Reason for leaving:

Start Date:	Employer name:	Starting Salary
	Address:	
End Date:	Position:	Ending Salary
	Phone #	

Reason for leaving:

Start Date:	Employer name:	Starting Salary
	Address:	
End Date:	Position:	Ending Salary
	Phone #	

Reason for leaving:

Start Date:	Employer name:	Starting Salary
	Address:	
End Date:	Position:	Ending Salary
	Phone #	

Reason for leaving:

Please account for any gaps in your employment history:

REFERENCES

List below, three persons who have knowledge of your work performance within the last 5 years.

Name	Company		
Address		E-Mail	
Phone	Relationship	Years Acquainted	

Name	Company		
Address		E-Mail	
Phone	Relationship	Years Acquainted	

Name	Company		
Address		E-Mail	
Phone	Relationship	Years Acquainted	

ADDITIONAL INFORMATION

Have you ever been employed with NeedleTech before? If yes, when?		Yes	No
Do you have any friends or relatives employed by NeedleTech? If Yes, please provide their names and relationship to you.		Yes	No
If you are under 18 years of age, can you provide proof of your eligibility to work?	Not under 18 years	Yes	No
If hired, can you provide proof of U. S. citizenship or proof of your legal right to work in the U. S.?		Yes	No
If hired, would you be able to work overtime as needed?		Yes	No
If hired, can you meet the attendance requirement of the position for which you are applying?		Yes	No
Have you ever been in the Armed Forces?	Date Entered	Type of discharge: If other than honorable, explain.	
Are you now a member of the National Guard?	Discharge Date		
Do you currently engage in the illegal use of drugs?		Yes	No

If Yes, explain:

In Massachusetts, an applicant for employment with a sealed record on file with the commissioner of probation may answer "No Record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioner of probation may answer "No Record" to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer "No Record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

Note: It is unlawful In Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Please read each statement closely, acknowledging your understanding.

Complete and Accurate Information

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 have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other 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.

At-Will Employment

I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's President.

Investigation Authorization

I authorize investigation of all statements contained in this application and company directed performance of drug and alcohol testing on myself. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary be terminated at any time without any previous notice. Additionally, this release and authorization acknowledges that this company may now, or at any time while employed, conduct a verification of my education, previous employment/work history, credit history, driving record, workers' compensation claims from the Department of Labor and/or Worker's Compensation Commission from any state, and receive any criminal record information pertaining to me which may be in the files of a Federal, State, or Local criminal justice agency in Massachusetts or any other States.

I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENTS AND ACCEPT AND ACKNOWLEDGE THAT I WILL BE BOUND BY THEM AS CONDITIONS OF EMPLOYMENT BY THE COMPANY.

Print Name

Signature

Date

*** NeedleTech Products is a Drug-Free Workplace. It is a policy of the Company to perform pre-employment drug testing, as well as reasonable suspicion, post-accident drug tests, and post-rehabilitation drug tests.**

NEEDLETECH
A Subsidiary of Theragenics®
VOLUNTARY APPLICANT IDENTIFICATION DATA

Employers are subject to certain governmental recordkeeping and reporting requirements for the administration of Federal and State Equal Employment Opportunity laws and regulations. In order to comply with these laws, NeedleTech invites you to voluntarily self-identify your gender, ethnicity, race, veteran and disability status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

NAME: _____

POSITION: _____

1. GENDER

_____ Female
_____ Male

2. HISPANIC OR LATINO

_____ Yes
_____ No
Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.

IF YOU ANSWERED "NO" TO QUESTION # 2, REPORT ANY APPROPRIATE RACE CATEGORY BELOW

3. RACE

_____ **White**
Persons having origins in any of the original peoples of Europe, the Middle East or North Africa.

_____ **Black/African American**
Persons having origins in any of the Black racial groups of Africa.

_____ **Asian**
Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malasia, Pakistan, the Philippine Islands, Thailand and Vietnam.

_____ **Native Hawaiian or Other Pacific Islander**
Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **American Indian/Alaska Native**
Persons having origins in any of the original peoples of North and South America, (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Two or more races**

Signature of Applicant

Date

Applicant Veteran Invitation to Self-Identify

Theragenics Corporation is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. Sec. 4212 (VEVRAA), which requires government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

(1) **“disabled veteran”** is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of retired military pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty due to service-connected disability.

(2) **“recently separated veteran”** means any veteran during the three-year period beginning on the date of such veteran's discharge of release from active duty in the U.S. military, ground, naval or air service.

(3) An **“active duty wartime or campaign badge veteran”** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.

(4) An **“armed forces service medal veteran”** means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service.

For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS

I AM NOT A PROTECTED VETERAN

I CHOOSE NOT TO SELF-IDENTIFY

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.