



APPLICATION FOR EMPLOYMENT

All applicants for employment in the United States are required to complete and submit this Application for Employment.

The Company does not discriminate on the basis of sex, age, color, race, religion, marital status, national origin, ancestry, sexual orientation, gender, gender identity, gender expression, physical & mental disability, medical condition, genetic information, military and veteran status, or any other basis protected by federal, state or local law.

It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

GENERAL

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. Email application to HR@xtantmedical.com or fax to 406-388-9724.

Job Applied for _____ Today's Date _____

Desired Employment: Full-time [] Part-time [] Temporary [] Available Start Date _____

Last Name _____ First Name _____ Middle Name _____ Telephone Number _____

Current Street Address _____ City _____ State _____ Zip Code _____ Social Security Number _____

Are you 18 years of age or older? Yes [] No [] (If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.? Yes [] No []

Do you now, or will you in the future, require sponsorship for employment visa status (e.g., H-1B visa status, etc) to work legally for our company in the United States? Yes [] No []

Have you ever applied here before? Yes [] No [] If yes, when? _____

What position? _____

Were you ever employed here? Yes [] No [] If yes, when? _____

How did you learn about the position? [] Newspaper [] Craigslist [] Belgrade Chamber [] Website [] MT Job Services [] Other _____

If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes [] No []

If yes, give details _____

For Driving Jobs Only: Do you have a valid driver's license? Yes [] No []

Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes [] No []

If yes, give details: _____

Have you signed a "non-compete" / "non-solicitation" / "non-disclosure" agreement with any previous employers? If yes, you must provide a copy Yes [] No []

Do you have any relationships, familial or personal with any Xtant Medical employee(s) or surgeons? ... Yes [] No []

If yes, give details: _____



E
D
U
C
A
T
I
O
N

LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			
What skills or additional training do you have that relate to the job for which you are applying? _____			

What machines or equipment can you operate that relate to the job for which you are applying? _____			

W
O
R
K

H
I
S
T
O
R
Y

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO	
CITY, STATE, ZIP CODE		REASON FOR LEAVING	
SUPERVISOR(S)	TELEPHONE		
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO	
CITY, STATE, ZIP CODE		REASON FOR LEAVING	
SUPERVISOR(S)	TELEPHONE		
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO	
CITY, STATE, ZIP CODE		REASON FOR LEAVING	
SUPERVISOR(S)	TELEPHONE		
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO	
CITY, STATE, ZIP CODE		REASON FOR LEAVING	
SUPERVISOR(S)	TELEPHONE		



Criminal background checking will be addressed at a later stage in the candidate process in keeping with and to the extent allowed by applicable law.

R
E
F
E
R
E
N
C
E
S

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Are you presently employed? Yes No

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

List three references (other than relatives) who are in a position to evaluate your previous employment performance, preferably former supervisors or people with whom you have worked. (If applying for a supervisory position, please include one direct report.)

Name	Title	Company	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and all findings as a result of discoveries made during any background inquiries. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screening and background screenings including but not limited to criminal, civil, fiscal, as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination and/or background screening(s). I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I shall preserve in strictest confidence all information regarding the business or customers of the Company that may be disclosed to me or come to my attention in the process of applying for a position with the Company.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization's representative for details.