



APPLICATION FOR EMPLOYMENT AT APYX MEDICAL CORPORATION

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Apyx Medical Corporation (“Apyx” or the “Company”) is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, veteran or military status, genetic information, sexual orientation, marital status, or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances. The information collected by this application is solely to determine suitability for employment and to verify identity.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on the Company. Please inform Human Resources if you need assistance completing any forms or to otherwise participate in the application process.

GENERAL INFORMATION

Full Name _____	Date _____
Address _____	
STREET	CITY STATE ZIP CODE
Contact Number (_____) _____	Date available for work _____
Alternate Contact Number (_____) _____	E-mail (optional) _____
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, verification will be required consistent with federal law.)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you may be required to provide authorization to work.)	
How were you referred to Apyx Medical Corporation? _____	

POSITION INFORMATION

Type of work desired? _____ Salary range expected (required) _____

 Applying for: Full-time Part-time

EDUCATION

Type of School	School Name and Location	Highest Grade Completed	Grade Point Average	Course of Study or Major
High School or G.E.D. equivalent	_____	9 10 11 12/GED		_____
College or University	_____	1 2 3 4	_____	_____
Vocational or Trade School	_____		_____	_____
Graduate School	_____		_____	_____
Other (including military training)	_____		_____	_____

List any work related certifications or licenses you currently possess. _____

BACKGROUND INFORMATION

During the past seven years, have you ever been discharged, suspended or asked to resign from any position?

Yes No If yes, please explain. _____

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed? Yes No If yes, specify name. _____

Have you ever been convicted of a crime (felony and/or misdemeanor) that has not been expunged, sealed, pardoned, annulled, statutorily eradicated or dismissed upon condition of probation? You are not required to disclose sealed or expunged records of conviction or arrest, or expunged juvenile records of conviction or arrest. (not applicable if a resident of NYC)

Yes No Record

If yes, please explain (including the date of the conviction, the crime for which you were convicted and the penalty imposed) _____

Have you signed or otherwise agreed to any non-solicitation, non-competition or other similar agreement with any prior employer?

Yes No If yes, please explain: _____

EMPLOYMENT RECORD

List all employment experience for the past seven years, starting with the most recent or present employer, including US Military Service. Using a separate section for each position, describe in detail all work experience including periods of unemployment. Please use the back of this sheet or a separate piece of paper if you need more space to complete this section.

Resumes may not be substituted in lieu of completing the following employment information.

Current Employer _____ Geographic Location _____ Your _____ Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____ Primary responsibilities _____ _____	Phone (_____) _____ From _____ Month Year To _____ Month Year Reason for Leaving _____ _____
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone (_____) _____ From _____ Month Year To _____ Month Year Reason for Leaving _____ _____
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone (_____) _____ From _____ Month Year To _____ Month Year Reason for Leaving _____ _____ <p style="text-align: center;"><i>If you would like to provide references, please attach a separate list.</i></p>

Have you worked for Apyx Medical Corporation before? Yes _____ No _____

If yes, when? _____ Job title: _____

Relatives of current employees of Apyx will not be hired if they would be working for, or directly supervising, a current employee in the same department. If you receive a conditional offer of employment, you may be asked to identify any relative who is a current employee of Apyx Medical Corporation. For purposes of this policy, "relative" is defined as any person who is related by blood or marriage, or whose relationship with the employee is similar to that of people who are related by blood or marriage.

ADDITIONAL COMMENTS

Please comment on how your prior education and experiences qualify you for the type of employment you are seeking. Detail any past responsibilities and achievements. Note any special coursework, honors, activities, special projects or any other information that will assist us in considering your application for employment. _____

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

_____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment and must receive a negative result for illegal drug use before being permitted to commence work with Apyx.

_____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background, driving record, credit history (if applicable) to position applied for, and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check.

_____ Initials

I hereby certify that the information given by me is true in all respects. I authorize Apyx and its representatives to contact my prior employers and all others (with the exception of my current employer, only if I have marked "May we contact?" on page 3 of this application as "No") for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

_____ Initials

I understand employment with Apyx is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

_____ Initials

I hereby certify that, if employed, my employment with Apyx will not conflict with, or result in the violation of, breach of, or default under, any contract, agreement or understanding that I am a party to or am bound by, other than those I have disclosed in this application, if any.

_____ Initials

I hereby certify that, if employed, my employment with Apyx will not violate any non-solicitation, non-competition or other similar covenant or agreement I have with any of my prior employers, other than those I have disclosed in this application, if any.

_____ Initials

I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (Apyx or me) without prior notice to the other, unless otherwise prohibited by law.

_____ Initials

I understand that no representation, whether oral or written, by any representative or agent of Apyx, at any time, can constitute an implied or express contract of employment. I further understand no representative or agent of the Company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources.

_____ Initials

BY SIGNING IN THE SPACE BELOW, I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY FALSIFICATION OR OMISSION OF INFORMATION MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT OR, IF HIRED, MAY RESULT IN TERMINATION REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.

MY SIGNATURE BELOW IS EVIDENCE THAT I HAVE READ AND AGREE WITH ALL OF THE ABOVE STATEMENTS.

Applicant's signature _____

Date _____