



# EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer providing equal employment opportunities to all employees and applicants without regard to protected status as defined by any applicable law. Please let us know if you need accommodations to participate in the application process

Last Name	First Name	Mid. Initial	Today's Date
Other Names Used			Social Security #
Street Address	City	State, Zip	Phone Number (day time)
Permanent Street Address	City	State, Zip	Phone Number (evenings)
E-mail address (primary)		E-mail address (secondary)	

## DESIRED EMPLOYMENT

Position applying for	Date available for work	Salary desired
Have you ever applied for employment in CombiMatrix Corporation or any of its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	Where?
Have you ever worked for CombiMatrix Corporation or any of its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	Where?
How did you hear about us? <input type="checkbox"/> Internet Posting <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency, Name of the Agency: <input type="checkbox"/> College Posting <input type="checkbox"/> Other, please specify :		
Do you have any acquaintances or relatives employed by CombiMatrix Corporation or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list name(s)	Company?

## EDUCATION

Name and Location of School	Highest level completed	Degree Earned	Major
High School	1 2 3 4		
College	1 2 3 4		
Graduate School	1 2 3 4		
Trade/Business School	1 2 3 4		

Computer Skills (Please indicate the name of the program/language and circle the option that corresponds your skill level)			
Name:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Name:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Name:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Name:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

**FOR ADMINISTRATIVE POSITIONS**

Typing Speed wpm	10 Key <input type="checkbox"/> Sight <input type="checkbox"/> Touch	Short Hand <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you at least 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes	If hired can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Have you ever been convicted of a felony? (A conviction will not necessarily disqualify you from employment.)	<input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:
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Have you ever been involuntarily terminated or requested to resign? If yes, please explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes Name of the company:
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**EMPLOYMENT HISTORY**

*Please list below all present and past employment within the last 10 years beginning with your most recent employer. Account for all periods of unemployment below and attach additional page(s) if necessary. Please complete all sections, even if you are submitting a resume.*

Name of Employer		Starting Job Title
Address		Ending Job Title
City, State, Zip		Job Responsibilities
Phone Number	Dates of Employment From To	
Supervisor's Name	Supervisor's Title	Eligible for Rehire?
Starting Base Salary	Ending Base Salary	Reason for Leaving
Bonus Stock	Bonus Stock	

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Address		Ending Job Title
City, State, Zip		Job Responsibilities
Phone Number	Dates of Employment From _____ To _____	
Supervisor's Name	Supervisor's Title	Eligible for Rehire?
Starting Base Salary	Ending Base Salary	Reason for Leaving
Bonus      Stock	Bonus      Stock	

Please account for any gaps in employment history	
Dates	Reason
From      To	
From      To	
From      To	

**BUSINESS REFERENCES**

*Please list below at least three persons not related to you who have knowledge of your work performance.*

Name	Title	Current Company	Phone Number	Relationship to you

**ADDITIONAL INFORMATION**

*Please list below any professional experiences or professional memberships you would like to include.*


**AUTHORIZATION**

“I certify that the facts contained in this application or any resume or other documents submitted are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions, or false information I provide will disqualify me from further consideration and shall, if later discovered, be grounds for dismissal.

I agree that if hired I will be employed at-will; that is either I or CombiMatrix Corporation can terminate the employment at any time and for any reason, with or without notice. I also understand and agree that no representative of CombiMatrix Corporation has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative of CombiMatrix Corporation.

I authorize CombiMatrix Corporation to solicit information regarding my character, general reputation, credit, previous employment, education and similar background information from any source, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the company from any liability for future references it may provide regarding my work history with CombiMatrix Corporation.

If employed, I further agree that is CombiMatrix Corporation advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any CombiMatrix property, CombiMatrix is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.”

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Fair Credit Reporting Act Disclosure and Authorization**

### **Disclosure**

As part of the hiring process, and at various times throughout the employment relationship (if you are hired), CombiMatrix Corporation may wish to obtain and review a “consumer report” about you from a “consumer reporting agency” for purposes of evaluating you for employment and/or, if hired, for promotion, reassignment, retention or any other employment-related purpose. The Fair Credit Reporting Act (“FCRA”) defines these terms and applies to you, a “consumer” with rights under the FCRA.

A “consumer reporting agency” is a person or business that, for monetary fees, dues, or on a cooperative, non-profit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing “consumer reports” to third parties, such as CombiMatrix Corporation.

A “consumer report” is any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes.

If CombiMatrix obtains a “consumer report” about you, and if CombiMatrix Corporation considers any information in the “consumer report” when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the “consumer report” before the decision is finalized. You may also contact the Federal Trade Commission directly about your rights under the FCRA. (Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580; (202) 326-3761.)

### **Authorization**

As confirmed by my signature below, I, hereby voluntarily authorize CombiMatrix Corporation to obtain “consumer reports” about me from a “consumer reporting agency” and to consider the “consumer reports” when making decisions about my employment at CombiMatrix Corporation. I understand that I have rights under the FCRA, including the rights discussed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Prior Name (if any)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver’s License # and State of Issuance

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- ◆ **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- ◆ **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- ◆ **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- ◆ **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has

reinserted the item. The notice must include the name, address and phone number of the information source.

- ◆ **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- ◆ **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- ◆ **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- ◆ **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- ◆ **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- ◆ **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

<b>FOR QUESTIONS OR CONCERNS REGARDING:</b>	<b>PLEASE CONTACT:</b>
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051