

Radiology Associates LLC

Application for Employment
An Equal Opportunity Employer

We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans, status, sex, national origin, disability, or any other legally protected status.

General Information

Name (Print) _____ Home or Nearest Phone _____
Address _____ Emergency Phone Number _____
Emergency Contact Name _____
Are you over the age of 18? _____ Yes _____ No Social Security No. _____
Do you have the legal right to work in the United States? Yes No
Position(s) applied for _____ How soon could you report to work? _____
Type of employment _____ Full Time _____ Part Time _____ Temporary Rate of Pay Expected _____
What days and hours if part time? Days _____ Hours _____
From ()AM ()PM To ()AM ()PM

Education

Type of School	Name and Address of School	Courses Majored in	Check last year Completed				Graduate? Give Degree
Elementary			5	6	7	8	
High School			9	10	11	12	
College			1	2	3	4	

Background Information

Have you applied for a job with us before? _____ Yes _____ No Have you ever worked for us before? _____ Yes _____ No
If so, when? _____ If so, when? _____
Have you ever been convicted of or pled guilty or "no contest" to a felony? _____ Yes _____ No If so, state offense, date, court, and place where conviction occurred. _____

NOTE: Background and/or credit checks will be conducted prior to an applicant being offered a position; however conviction of a felony does not automatically disqualify an applicant for employment.

Have you ever had malpractice suit(s) filed against you? If so, provide detailed information on a separate sheet.

Are you employed now? __Yes__ No If so, why do you desire to make a change? _____

Work Record

(Start with most recent or present employer and complete in full.)

Name and Address of Most Recent Employer _____

Immediate Supervisor	Date Hire	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for Leaving: Telephone No. _____	May we contact this employer? Yes No	

Name and Address of Next Employer _____

Immediate Supervisor	Date Hire	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for Leaving: Telephone No. _____	May we contact this employer? Yes No	

Name and Address of Next Employer _____

Immediate Supervisor	Date Hire	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for Leaving: Telephone No. _____	May we contact this employer? Yes No	

Name and Address of Next Employer _____

Immediate Supervisor	Date Hire	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for Leaving: Telephone No. _____	May we contact this employer? Yes No	

Driving Record

(Complete this section only if you are applying of a job which requires on the job driving or have otherwise been instructed by Radiology Associates LLC to do so).

Do you have a valid driver's license and/or other driving certification(s)? _____ Yes _____ No
If so, what type(s) and subject to what restrictions, if any? _____

Give the state, number and expiration date: _____

Have you been cited for moving violation within the last five years? _____ Yes _____ No If so, state the violation(s), date(s), place(s) and resolution of the citation(s) _____

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application. _____

References

(Do not list relatives or former employers)

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

PLEASE READ THE FOLLOWING CERTIFICATION CAREFULLY BEFORE SIGNING

JOB APPLICANT'S CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient reason for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and, except as indicated above, I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous education or employment record. I release all such persons from any liability or damages on account of having furnished such information. I consent to such investigations as Radiology Associates LLC may make regarding driving records, law enforcement records, credit reports and my general background. I further understand that all applicable portions of this application must be completed or I will be ineligible for consideration for the position for which I am applying.

I understand that nothing contained in this employment application or in the granting of an interview or of a position of employment is intended to create an employment contract between Radiology Associates LLC and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no promise or guarantee of employment for any specific length of time or under any specified circumstances shall be binding upon Radiology Associates LLC unless made in writing by or with the express written consent and authorization of **Business Manager**. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and for any reason and that Radiology Associates LLC retains the same right.

I understand that, depending on the position applied for, prior to being offered employment with Radiology Associates LLC. I may be requested to take an examination pertaining to skills or equipment operation. In the event I have a disability which will affect my ability to take the test, I will so inform Radiology Associates LLC prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Radiology Associates LLC reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, the policies and rules which are issued by Radiology Associates LLC are not conditions of employment and that Radiology Associates LLC may revise policies or procedures, in whole or in part, unilaterally at any time.

IMPORTANT: IF YOU DO NOT UNDERSTAND OR IF YOU DISAGREE WITH ANY PORTION OF THE ABOVE CERTIFICATION, DO NOT SIGN BEFORE DISCUSSING WITH RADIOLOGY ASSOCIATES LLC.

Signature of Applicant

Date