

Please complete and e-mail this application to Duan Frye at: dfrye@radiology-inc.com

**RADIOLOGY INC**  
**APPLICATION FOR EMPLOYMENT**  
**AN EQUAL OPPORTUNITY EMPLOYER**

All statements made by applicants for employment on this application form may be checked for accuracy. 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.

**PERSONAL INFORMATION**

Name (Print): \_\_\_\_\_ Home or Nearest Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Social Security No.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you over the age of 18? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have the legal right to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, why? \_\_\_\_\_

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 Degrees
Elementary	_____	_____	5__6__7__8__	_____
High School	_____	_____	9__10__11__12__	_____
College	_____	_____	1__2__3__4__	_____

Have you applied for a job with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever worked for us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever been refused a bond? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, state reason and date: \_\_\_\_\_

Have you ever served in the U.S. Armed forces? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, branch \_\_\_\_\_  
Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

Have you ever been convicted of a crime except a minor traffic violation? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, state citation, date, court, and place where offense occurred. \_\_\_\_\_

Have you ever been discharged or requested to resign from a position? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give circumstances \_\_\_\_\_

Are you employed now? \_\_\_\_\_ Yes \_\_\_\_\_ No

Why do you desire to make a change? \_\_\_\_\_

Have you ever held a position of trust (handling money or confidential materials)? \_\_\_\_\_ Yes \_\_\_\_\_ No

<b>PRIOR WORK RECORD</b> (Start with most recent or present employer and complete in full.)			
1. Name and Address of Most Recent Employer _____		Telephone No. _____	
Immediate Sponsor (Name and Position)	Date Hire	Starting Rate	
Job Title & Duties	Date Left	Last Rate	
Reason for Leaving:	May we contact this employer? ___ Yes ___ No		
2. Name and Address of Most Recent Employer _____		Telephone No. _____	
Immediate Sponsor (Name and Position)	Date Hire	Starting Rate	
Job Title & Duties	Date Left	Last Rate	
Reason for Leaving:	May we contact this employer? ___ Yes ___ No		
3. Name and Address of Most Recent Employer _____		Telephone No. _____	
Immediate Sponsor (Name and Position)	Date Hire	Starting Rate	
Job Title & Duties	Date Left	Last Rate	
Reason for Leaving:	May we contact this employer? ___ Yes ___ No		

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 _____

**JOB APPLICANTS AGREEMENT AND 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 cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Radiology, Inc. and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Radiology, Inc. unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Radiology, Inc. retains the same right."

"I understand that prior to being offered employment with Radiology, Inc. I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will so inform Radiology, Inc. 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, Inc. reserves the right to require medical documentation concerning the need for the accommodation."

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

"I understand that this application will be kept on active file for 30 days from the date completed, after which time I would have to reapply in accordance with established company procedures."

\_\_\_\_\_  
Signature of Applicant Date