



Radiology Associates, P.A.

"An Equal Opportunity Employer"

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS TO APPLICANT:

Please fill in all spaces. Failure to do so may result in your not being considered an applicant. If an item does not apply, write "N/A". The position for which you are applying must be open at the time of the application for it to be a valid application. Furthermore, you must identify the specific position for which you are applying as this application only applies to that open position.

Only provide the information requested. Failure to do so may result in your not being considered an applicant.

Date of application:

Name:

Present address:

Home phone number: Cellphone number:

Personal email address:

From your review of the job for the position to which you are applying for, are you able to perform the essential functions of the job with or without accommodation?

Yes No

Wage or salary desired: Date available for work:

Is there any time of the day or night, or particular days of the week that you are unable to work? Yes No

If yes, please explain:

Type of employment desired: Full time Part time

If part time, please state the number of hours and what days you are available to work:

Is there a reason you could not be at work regularly, on time?

How were you referred for employment?

If you were referred by a RAPA employee, please give the employee's name:

Have you ever worked for this Company before? Yes No If so, when?

Have you ever applied for this Company before? Yes No If so, when?

Can you travel if the position requires it? Yes No

Are you willing to work overtime and/or weekends? Yes No

Are you presently employed? Yes No

Why do you wish to change jobs?

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

Are you of legal age to work? Yes No (If hired, proof of status will be required.)

Have you been convicted of any crimes in the past ten years, excluding misdemeanors and/summary offenses, which have not been annulled, expunged or sealed by a court? Yes No

If Yes, describe in full:

EMPLOYMENT HISTORY

List all work history, beginning with the most recent. Include period(s) of military service. Use additional pages if necessary. If any information is not recalled, so note.

Employer's Name:

Employer's Address:

Start date:

Starting Salary:

Job title:

Final date:

Final Salary:

Job duties:

Employer's Name:

Employer's Address:

Start date:

Starting Salary:

Job title:

Final date:

Final Salary:

Job duties:

Employer's Name:

Employer's Address:

Start date:

Starting Salary:

Job title:

Final date:

Final Salary:

Job duties:

Please account for periods of unemployment longer than three (3) months:

EDUCATION

Education	<input type="text"/>	Course of Study:	<input type="text"/>	No. of Yrs Completed:	<input type="text"/>
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma?	<input type="text"/>		
Education	<input type="text"/>	Course of Study:	<input type="text"/>	No. of Yrs Completed:	<input type="text"/>
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma?	<input type="text"/>		
Education	<input type="text"/>	Course of Study:	<input type="text"/>	No. of Yrs Completed:	<input type="text"/>
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma?	<input type="text"/>		

List any additional work experience, education, skills, information, medical terminology, licenses, certifications, special study or research work relating to position applied for or for general interest:

Please list two (2) personal references:

Name:	<input type="text"/>		
Present address:	<input type="text"/>		
Phone number:	<input type="text"/>	Occupation:	<input type="text"/>
Email address:	<input type="text"/>		
Name:	<input type="text"/>		
Present address:	<input type="text"/>		
Phone number:	<input type="text"/>	Occupation:	<input type="text"/>
Email address:	<input type="text"/>		

Please list two (2) professional references:

Name:	<input type="text"/>		
Present address:	<input type="text"/>		
Phone number:	<input type="text"/>	Occupation:	<input type="text"/>
Name:	<input type="text"/>		
Present address:	<input type="text"/>		
Phone number:	<input type="text"/>	Occupation:	<input type="text"/>

All applicants are considered for employment without regard to race, color, sex, age, religion, national origin, disability or military veteran status.

IMPORTANT: READ CAREFULLY

I hereby authorize all of my prior employers, credit bureaus, the officials of all schools which I have attended or been associated with, any person named above on this application blank, all public officials, and any other person or entity to give any information regarding my employment, personal habits, ability, criminal record, or any other relevant information they may have regarding me whether or not it is on their records. I hereby release said employers, schools, public officials and other persons and entities, from any and all liability for any damage whatsoever which might result from their revealing or furnishing this information.

I understand that an investigation may be made whereby information is obtained through personal interviews with neighbors, friends, and others with whom I am acquainted, as well as from credit bureaus. This may include information as to character, general reputation, personal characteristics, credit history or mode of living. I know that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of information concerning the nature and scope of this investigation.

I understand and accept that as part of the application and employment process, and/or during employment with the Company, I may be asked to submit to physical examination which may include testing for alcohol and drugs, and/or be fingerprinted, all in accordance with law. By signing this application, I hereby agree to submit to such examinations and release all personal and companies from any liability arising out of such examinations, test and finger printings. I further agree that the examining personal may disclose to the company or its representative the results of same.

If employed, I agree to conform to all policies, practices and procedures of the Company and acknowledge that these may be changed, interpreted, withdrawn, or amended by the Company at any time, at the Company's sole option and without any prior notice to me. I consent and agree that the Company shall have the right to search my personal property located on Company property, along with Company desks, lockers, etc. for the purpose of investigating possible violations of Company rules/policies. This also includes access to my telephone conversations and e-mails or other types of electronic communications.

The Arkansas Clean Air Act of 2006 prohibits smoking in all enclosed areas within places of employment and public places and requires notification by employers to applicants for employment. Therefore, smoking is prohibited in all indoor areas on Radiology Associates, P.A. property. Radiology Associates will not discriminate or retaliate against any individual for making a complaint regarding a violation of the Act or for cooperating with an investigation regarding a violation of the Act.

If employed, I understand the first 90 days of employment for all regular full-time or part-time employees will be an introductory period, where the Company will evaluate my performance as a new employee. Completion of the introductory period does not guarantee continued employment and does not change the at-will nature of the employment relationship. Either the employee or the Company has the right to terminate employment at any time, with or without cause.

I further acknowledge that my employment, or any offer of employment, if such is made, may be terminated, with or without cause, and with or without prior notice, at any time, even after acceptance, at the option of the Company or myself. I understand that no representative of the Company has any authority to enter into any agreement with me of any nature and do hereby state that none has so been asserted to me by anyone.

I HEREBY STATE THAT ALL FACTS GIVEN ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND ANY MISREPRESENTATION OR OMISSION ON MY PART IS CAUSE FOR REJECTION OR TERMINATION.

signature of Applicant

Date