

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age (if 40 years or older), marital or veteran status, sexual orientation or disability.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please read the entire form before you begin filling it out and answer all questions, indicating "None" where applicable. Answers should be typed, printed, or carefully written in ink so that they are clear and readable. Resumes will not be accepted in lieu of any information required on this form. This application must be completed in its entirety before any offer of employment may be considered.

Position(s) Applied For _____ Date of Application _____

How Did You Learn About Us? Advertisement____ Friend____ Walk-In____ Employment Agency____ Relative____ Other ____

_____/_____/_____
Last Name First Name Middle Name Social Security Number

Address Number Street City State Zip Code

Telephone Number (____)_____ How Long At Present Address ____/____ (years/months)

Previous Address

E-Mail Address (if applicable)

Have you ever filed an application with us before? Yes_____ No_____

If yes, date given _____

Have you ever been employed with us before? Yes_____ No_____

If yes, give date _____

Do we currently employ a member of your family or household? Yes_____ No_____

If yes, give name _____

Are you currently employed? Yes_____ No_____

May we contact your present employer? Yes_____ No_____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (*Proof of citizenship, immigration status, or work authorization will be required upon employment*) Yes_____ No_____

On what date would you be available for work? _____

Are you available to work: Full Time____ Part Time____ Temp.____

Are you able to travel? Yes_____ No_____

Are you currently on "lay-off" status and subject to recall? Yes_____ No_____

Have you ever been convicted of a criminal offense (other than minor traffic violations), or are you awaiting trial for a criminal offense? (*Answering "yes" will not necessarily disqualify an applicant from employment*) Yes_____ No_____

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest). Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate which results in a fine, sentence or probation.

If yes, please explain _____

(Please use Additional Space on page 4 if necessary)

APPLICATION FOR EMPLOYMENT

EDUCATION:

Elementary School Name: _____

Location: _____ Years Completed (*please circle*): 4 5 6 7 8

High School Name: _____

Location: _____ Years Completed (*please circle*): 9 10 11 12

College/Undergraduate School Name: _____

Location: _____ Years Completed (*please circle*): 1 2 3 4

Graduate/Professional School Name: _____

Location: _____ Years Completed (*please circle*): 1 2 3 4

Diploma/Degree: _____ Date Received: _____

Describe Course of Study: _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

Describe any honors you have received: _____

State any additional information you feel may be helpful to us in considering your application: _____

Indicate any foreign languages you can speak, read and/or write:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. (*You may exclude memberships which would reveal sex, sexual orientation, race, religion, national origin, age, ancestry, disability or other protected status*) _____

Have you ever had any job-related training in the United States Military? Yes _____ No _____

If yes, please describe _____

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes _____ No _____

REFERENCES:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

APPLICATION FOR EMPLOYMENT

EMPLOYMENT EXPERIENCE

Start with your present or most recent job and list all employment for the last 10 years and explain all gaps in your employment, attaching additional sheets if necessary. (Do not substitute your resume for this information.) Include any job-related service assignments and volunteer activities. You may exclude volunteer organizations which indicate race, color, religion, gender, national origin, disability, sexual orientation, or other protected status.

Employer	Dates Employed From To	DESCRIPTION OF DUTIES
Address	Hourly Rate/Salary Starting Final	
Telephone Number(s)	Final Yearly Salary	
Job Title	Supervisor	
Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation		
Explain:		

Employer	Dates Employed From To	DESCRIPTION OF DUTIES
Address	Hourly Rate/Salary Starting Final	
Telephone Number(s)	Final Yearly Salary	
Job Title	Supervisor	
Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation		
Explain:		

Employer	Dates Employed From To	DESCRIPTION OF DUTIES
Address	Hourly Rate/Salary Starting Final	
Telephone Number(s)	Final Yearly Salary	
Job Title	Supervisor	
Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation		
Explain:		

Employer	Dates Employed From To	DESCRIPTION OF DUTIES
Address	Hourly Rate/Salary Starting Final	
Telephone Number(s)	Final Yearly Salary	
Job Title	Supervisor	
Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation		
Explain:		

(Please use Additional Space on page 4 if necessary)

Summarize special job-related skills and qualifications acquired from employment or other experience. _____

CERTIFICATION AND AGREEMENT

READ CAREFULLY BEFORE SIGNING
I UNDERSTAND AND AGREE THAT:

1. Any misrepresentation or omission of facts in my application or any attachments to my application (including any resumes) may result in refusal of employment or if employed, termination from employment.
2. I understand and agree that any person authorized by the Company can at any time request that I submit to a search of my person, purses, packages in my possession, or any locker, desk or files that may be assigned to me. I understand that my refusal to submit to such a search may result in termination. I hereby waive all claims for damages resulting from such examination.
3. I understand and agree that I may be required to take a physical examination, blood, urine, or hair test at Company expense, at any time to determine if I am alcohol or drug free and physically fit for the job I am responsible to perform. Failure to submit to such testing may result in termination. I authorize any physician, including my personal physician, to release any information to the Company which may be necessary to determine my ability to perform my assigned duties.
4. I further understand that the Company can change wages, benefits and/or working conditions at any time and that I may be required to work overtime or on weekends, depending upon job requirements.
5. I UNDERSTAND THAT THE COMPANY MAY, FROM TIME TO TIME, ESTABLISH RULES, REGULATIONS, POLICIES AND/OR DISCIPLINARY PROCEDURES, SOME OF WHICH MAY BE REDUCED TO WRITING. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO ALL APPLICABLE RULES, REGULATIONS, POLICIES, AND/OR DISCIPLINARY PROCEDURES OF THE COMPANY AND/OR ANY DEPARTMENT THEREOF. I UNDERSTAND THAT THOSE RULES, REGULATIONS, POLICIES AND/OR DISCIPLINARY PROCEDURES ARE NOT INTENDED BY THE COMPANY TO CREATE AN OBLIGATION OF CONTINUED EMPLOYMENT.
6. I UNDERSTAND THAT THIS DOCUMENT IS AN APPLICATION FOR EMPLOYMENT AND CONTINUED EMPLOYMENT IS NOT BEING OFFERED. **I UNDERSTAND AND AGREE THAT MY EMPLOYMENT, BOTH DURING AND AFTER ANY INTRODUCTORY OR ORIENTATION PERIOD, IS FOR AN INDEFINITE PERIOD, AND THAT NOTHING IN THIS APPLICATION OR ANY OTHER COMPANY DOCUMENT SHALL BE DEEMED TO CREATE ANY CONTRACT OF CONTINUED EMPLOYMENT BETWEEN ME AND THE COMPANY.** I FURTHER UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT WILL AT ANY TIME BY MYSELF OR THE COMPANY FOR ANY OR NO CAUSE. I UNDERSTAND THAT EMPLOYMENT BEYOND ANY INTRODUCTORY OR ORIENTATION PERIOD OR EMPLOYMENT FOR A NUMBER OF YEARS SHALL NOT RESULT IN ANY HEIGHTENED EXPECTATION OF CONTINUED EMPLOYMENT. I UNDERSTAND AND AGREE THAT ANY STATEMENTS TO THE CONTRARY, WHETHER ORAL OR WRITTEN, ARE EXPRESSLY DISAVOWED AND ARE NOT TO BE RELIED UPON BY ME. I FURTHER UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO AN AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING EXCEPT IN A WRITTEN DOCUMENT SIGNED BY THE PRESIDENT OF THE COMPANY.
7. It is my understanding that this application for employment will only remain active for thirty (30) days following the date of application.

Applicant's Signature _____ Date _____

Witnessed by _____ Date _____

FOR PERSONNEL USE ONLY

Arrange Interview: Yes _____ No _____

Remarks

Interviewer

BACKGROUND INVESTIGATION AUTHORIZATION AND RELEASE

1. I understand and agree that the Company may conduct an investigation into my background for the purposes of verifying the information I have furnished in my application for employment, related papers and/or oral interviews or making other employment-related decisions affecting me, including, but not limited to, information from previous employers, references, school records, driving records, and any criminal records. I further understand and agree that the Company may engage the services of a third party service provider, such as a consumer reporting agency, to gather some or all of this background information.
2. I hereby voluntarily and knowingly authorize and request any current or former employer, educational institution, law enforcement agency, court, financial institution, or other persons or organizations having knowledge about me to furnish the Company, and/or its employees, agents, or representatives, with any and all information in their possession regarding me for the Company to use in connection with my application for or retention of employment, or any other employment-related decisions affecting me.
3. I also agree to execute, as a condition of employment or a condition of continued employment, any additional written authorizations necessary for the Company to obtain access to and copies of records pertaining to any background investigation it may undertake.
4. I understand and agree that, if required, I will submit to fingerprinting and take all the necessary steps to allow the Company to obtain criminal history information, including that related to sexual offenses, from the Central Repository for Nevada Records of Criminal History and/or the Federal Bureau of Investigation.
5. Further, I hereby release from liability and hold harmless all persons, companies, public entities, and any other organizations or entities, as well as the Company and its employees, agents, or representatives from any and all causes of action that might arise from supplying, receiving, and using information about me pursuant to this Authorization and Release.
6. I understand that falsification of any data provided in my application for employment, related papers and/or oral interviews, or information which may be discovered as a result of any background investigation the Company may undertake pursuant to this Authorization and Release, may result in refusal of employment, or if employed, termination from employment.
7. A photocopy or facsimile of this Authorization and Release shall be valid as the original.

Applicant's Signature _____ Date _____

Applicant's Printed Name _____

FAIR CREDIT REPORTING ACT DISCLOSURE

In considering your application for employment and when making other employment-related decisions directly affecting you (if you are hired), the Company may wish to obtain and use a “consumer report” from a “consumer reporting agency” about you. These terms are defined in the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. §§ 1681-1681u. As an applicant for employment or employee of the Company, you are a “consumer” with rights under the FCRA.

A “consumer reporting agency” is defined as a person or business which, 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.”

A “consumer report” is defined as any written, oral or other communication 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 used or collected to be a factor in establishing the consumer’s eligibility for employment purposes.

If a “consumer report” is obtained and if it is considered when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the “consumer report” and a copy of “A Summary of Your Rights Under the Fair Credit Reporting Act,” published by the Federal Trade Commission (“FTC”), before the decision is made final.

FAIR CREDIT REPORTING ACT AUTHORIZATION

By signing below, I _____, hereby voluntarily authorize the Company to obtain “consumer reports” about me from a “consumer reporting agency” and to consider the “consumer reports” when making decisions regarding my employment.

Applicant Signature

Date

DESERT RADIOLOGISTS

Affirmative Action: Invitation to Self-Identify

Desert Radiologists is an Equal Opportunity Employer and is subject to certain non-discrimination and affirmative action recordkeeping and reporting requirements which require Desert Radiologists to invite applicants to voluntarily self-identify their race/ethnicity, gender and veteran status. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable state and federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes. **In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to complete the form will not subject you to any adverse personnel decision or action. Your cooperation is appreciated. Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential, separate from your employment application, in accordance with applicable laws and regulations.**

Applicant Name	Date
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GENDER

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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RACE/ETHNICITY

Please mark the one box that describes the race/ethnicity category with which you primarily identify.

<input type="checkbox"/>	Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/>	Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/>	American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
<input type="checkbox"/>	Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above races.

VETERAN STATUS

Please mark all that describe your veteran status.

<input type="checkbox"/> Not a veteran	<input type="checkbox"/> I do not want to identify my veteran status
<input type="checkbox"/> Special Disabled Veteran (Vets 100) Either (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap, or (2) a person who was discharged or released from active duty because of a service-connected disability.	<input type="checkbox"/> Disabled Veteran (Vets 100A) Either (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.
<input type="checkbox"/> Recently Separated Veteran (Vets 100) A veteran during the <i>one-year</i> period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service. DISCHARGE DATE: ____/____/____.	<input type="checkbox"/> Recently Separated Veteran (Vets 100A) A veteran during the <i>three-year</i> period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service. DISCHARGE DATE: ____/____/____.
<input type="checkbox"/> Other Protected Veteran (Vets 100 & Vets 100A) A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a <i>campaign badge</i> has been authorized.	<input type="checkbox"/> Armed Forces Service Medal Veteran (Vets 100A) A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an <i>Armed Forces Service Medal</i> was awarded pursuant to Executive Order 12985.
<input type="checkbox"/> Vietnam-Era Veteran (Vets 100) A veteran who (1) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (2) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.	