

EMPLOYMENT DESIRED

Position applied for: _____

Shift(s) you can work (indicate preference by number, with 1 being first choice; if unable or unwilling to work a particular shift, do not put a number in the space):

_____ Day _____ Evening _____ Night

Date you can start: _____

Have you ever applied to this company before? Yes _____ No _____

Have you ever worked for this company before? Yes _____ No _____

When: (from) _____ (to) _____

Supervisor: _____

Reason for leaving: _____

Do you have any handicap or disability which would substantially interfere with your ability to perform the duties of the position(s) for which you have applied? Yes _____ No _____

If yes, please explain:

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

REFERENCES

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

Years Acquainted
With You

1. _____
2. _____
3. _____

EMPLOYMENT HISTORY

List below your work experience (starting with your present or most recent employer) for the last five years or your last three employers, whichever will provide us with the greatest information about you, and include military service assignments and volunteer activities, if appropriate. Use the reverse side of the application form if you need additional space. Please account for all periods of unemployment in this section.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate / Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate / Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate / Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate / Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

May we contact your present employer at this time: Yes _____ No _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to Section 402 of the Vietnam Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accomodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran Signed _____

APPLICANT'S STATEMENT

The above information is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts on this application or in the employment interview will be cause for immediate dismissal. I also understand that questions on this application and in the employment interview are intended to aid in placing me in a position for which I am well suited, and to provide a safe working environment for me as well as for other employees. I authorize Radiology Associates of San Antonio, P.A. to contact any or all of my references for full information.

If I am offered employment, in consideration I agree to conform to the rules and regulations of the Association, and understand that my employment and compensation can be terminated with or without cause, at any time at the option of either the Association or myself. I understand that no representative of the Association other than the President in a signed writing, has authority to make any agreement for employment for any specified period of time or otherwise contrary to the foregoing.

I agree to take a physical examination at any time, at the request of Radiology Associates of San Antonio, P.A. and at no personal expense to me, and agree that the examining physician may disclose the findings to this facility or any authorized agent of this facility.

Applicant's Signature Date: _____

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____

Interviewer _____ Date _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/ Salary _____ Dept. _____

By _____ Date _____
Name and Title

