





**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 as well as contact telephone numbers.**

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				
5	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 Disabilities.**

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 disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation 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.

Disabled  
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 Administrative Director 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: \_\_\_\_\_

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**For Human Resources Department Use Only**

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Arrange Interview:  Yes  No

Remarks \_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Dept. \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_  
Name and Title

**APPLICANT DATA RECORD**

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability. As employers, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. We appreciate your cooperation

(PLEASE PRINT)

Date \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Employment Agency  Other \_\_\_\_\_  Advertisement  Friend  Relative  Walk-In

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Last First Middle Area Code

Address \_\_\_\_\_  
Number Street City State Zip

**Affirmative Action Study**

Government agencies require periodic reports on the sex, ethnicity, disabled and veteran status of applicants. This data is for analysis and affirmative action only. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources Department.

**GENDER:** (Please check one of the options below.)

Male  Female

**RACE/ETHNICITY:** (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

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

Check if any of the following are applicable:

Vietnam Era Veteran  Disabled Veteran  Disabled Individual