

Position Desired _____

Last Name _____ First Name _____ MI _____

THE RADIOLOGY CLINIC, LLC

APPLICATION FOR EMPLOYMENT AND PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

(Applicants are considered for all positions without regard to race, color, religion, sex, national origin, or to the extent provided by law, age, marital status, pregnancy, medical conditions or physical handicap, mental or physical disability, current or former military service, and/or other class protected by law.)

DATE _____

I. PERSONAL INFORMATION

Name _____
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Phone No. _____ Are you 19 Years or Older? Yes () No ()

II. EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary Desired _____

Are You Employed Now? _____ If So, May We Inquire of Your Present Employer? _____

Ever Applied to this Company Before? _____ Where? _____ When? _____

ALL EMPLOYEES OF THE RADIOLOGY CLINIC, LLC ARE EMPLOYEES AT WILL AND MAY BE TERMINATED AT ANY TIME FOR ANY REASON OR FOR NO REASON UNLESS THEY HAVE A SPECIFIC WRITTEN EMPLOYMENT CONTRACT. THIS APPLICATION SHALL NOT BE CONSTRUED AS A CONTRACT OF EMPLOYMENT.

III. EDUCATION

	Name and Location of School	No. of Years Attended*	Did you Graduate?*	Subjects Studied
High School				
College				
Trade, Business, Technical School or Other				

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis with respect to individuals who are at least 40 but less than 70 years of age.

IV. FORMER EMPLOYERS

(List Last Four Employers, Starting with Last One First)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING	SUPERVISOR'S NAME & PHONE NUMBER
From: To:					
From: To:					
From: To:					
From: To:					

V. REFERENCES

(Give the Names of Three Persons Not Related to You. They Must Have Known You at Least One Year)

Name	Address	Business/Phone Number	Years Acquainted
1.			
2.			
3.			

Subjects of Special Study or Research Work _____

US Military or Naval Service _____ Rank _____

Present Membership in National Guard or Reserves _____

In Case of Emergency Notify _____
Name Address Phone No.

VI. STATEMENT OF APPLICANT

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if I am employed by The Radiology Clinic, LLC, and have falsified or misrepresented any information on this application, wherever discovered, that such misrepresentation or falsification shall be grounds for immediate dismissal.

I authorize investigation of all statements and representation contained herein and the references listed above to give The Radiology Clinic, LLC, any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from any and all liability for any damage that I may suffer which may result from furnishing the same to The Radiology Clinic, LLC. I also understand that if The Radiology Clinic, LLC determines that there is any need for further information regarding my physical condition, that they will contact me regarding the same, and obtain a release from me in order to obtain medical information needed.

In consideration for the company's agreeing to accept my application for consideration, I acknowledge and agree that any controversy or claim that I may have as an applicant shall be submitted to binding arbitration before a single arbitrator with the arbitration to be conducted pursuant to the provisions of the commercial

arbitration rules of the American Arbitration Association then in effect. If subsequently hired by the company, I agree to abide by the company's mediation and binding arbitration agreement. I agree (1) My application for employment; (2) My employment, if I am subsequently hired by the company; and (3) the business of the company affects or has a direct impact upon "Interstate Commerce," as defined in the Federal Arbitration Act, 9 U.S.C. §1, and that this provision is enforceable thereunder. The company shall pay all costs and expenses of arbitration, including compensation expense of the arbitrator, background and credit checks.

I authorize any investigations of my background and credit checks necessary pending my employment. I understand and agree that if I am hired, my employment for The Radiology Clinic, LLC is for no definite period, and may be terminated at will, which means that regardless of the date of payment of my wages and salary, I may be terminated at any time without prior notice, unless I have a specific written contract of employment with The Radiology Clinic, LLC.

DATE _____ SIGNATURE _____

DO NOT WRITE IN THIS BOX	
Interviewed by _____	Date _____
Hired: Yes () No ()	Position _____ Dept. _____
Salary/Wage _____	Date Reporting to Work _____
Approved by:	
Executive Director _____	
Director of Imaging _____	
Business Office Manager _____	