



The Image of Excellence

APPLICATION FOR EMPLOYMENT

Date of Application: _____ Position Applying For: _____

How did you learn of this position? Newspaper Referral Internet Other _____

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| Name: | | | | | | | |
| Last | | First | | M.I. | | | |
| Address: | | | | | | | |
| Street Address | | | | Apartment/Unit # | | | |
| City | | | | State | | ZIP Code | |
| Phone: | | | | E-mail Address: | | | |
| Date Available: | | Acceptable Salary/Wage: | | \$ | | Are you applying for: | |
| | | | | | | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual | |
| Name relatives employed by the MRI Center of Idaho | | | | | | | |
| What shifts will you work? | | <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights | | | | | |
| Will you work overtime, if necessary? | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | Days of the week you cannot work | | M T W TH F SAT SUN | |
| Have you previously been employed by the MRI Center of Idaho? | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | If yes, under what name? | | | |
| Are you legally authorized to work in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | (Proof of U.S. citizenship or immigration status will be required upon employment) | | | |
| Except for minor traffic offenses, have you ever entered a plea of guilty, no contest, or had a withheld judgment to any felony? (An affirmative answer to this question may not necessarily disqualify the applicant.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| If yes, please explain: | | | | | | | |

EDUCATION

| | | | | | | | |
|--|--|--|--|--|--|---------|--|
| Do you have a high school diploma or equivalent? | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | Highest grade completed: | | | |
| College: | | Address: | | | | | |
| From: To: | | Did you graduate? | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | Degree: | |
| Other: | | Address: | | | | | |
| From: To: | | Did you graduate? | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | Degree: | |
| Specialized Courses/Training: | | | | | | | |

PROFESSIONAL AND TECHNICAL INFORMATION

To be completed by all Licensed/Registered Professionals.

| | | | |
|---------|---------------------|--------------|-----------------|
| License | Registration Number | State Issued | Expiration Date |
| | | | |
| | | | |
| | | | |

| EMPLOYMENT HISTORY | | | |
|--|---------------------|--------------|------------|
| Company Name: | | Phone: | () |
| Address: | | Job Title: | |
| From: | To: | Last Salary | \$ |
| Responsibilities: | | | |
| | Reason for Leaving: | | |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Supervisor: | |
| Company: | | Phone: | () |
| Address: | | Job Title: | |
| From: | To: | Last Salary: | \$ |
| Responsibilities: | | | |
| | Reason for Leaving: | | |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Supervisor: | |
| Company: | | Phone: | () |
| Address: | | Job Title: | |
| From: | To: | Last Salary: | \$ |
| Responsibilities: | | | |
| | Reason for Leaving: | | |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Supervisor: | |
| Company: | | Phone: | () |
| Address: | | Job Title: | |
| From: | To: | Last Salary: | \$ |
| Responsibilities: | | | |
| | Reason for Leaving: | | |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Supervisor: | |
| REFERENCES (do not list relatives) | | | |
| Name | Address | Telephone: | Occupation |
| | | | |
| | | | |
| | | | |

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete.

I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my immediate dismissal.

I further understand that the application does not constitute an employment contract, and termination at will, by either me or the MRI Center of Idaho, could occur during the employment relationship.

I authorize the MRI Center of Idaho to investigate my background thoroughly and release and hold harmless, the MRI Center of Idaho and any of my prior employers for providing truthful information. I also authorize the MRI Center of Idaho to release reference information to any person, firm, entity, or organization with which I may seek employment.

I consent to any and all medical and physical examinations required by this company. I agree to successfully complete any drug or alcohol test that may be required by the MRI Center of Idaho for my hiring or continued employment. I understand that refusal to take such tests may be cause for denial of employment or my termination.

I understand that if I am employed I will be in an introductory period for at least 90 days from my date of employment.

Signature: _____ Date: _____