

# **Salem Radiology Consultants, P.C.**

## **EMPLOYMENT APPLICATION**

**AN EQUAL OPPORTUNITY EMPLOYER**

## PERSONAL INFORMATION

We appreciate your interest in working at Salem Radiology Consultants, P.C. ("the Company"). As an equal opportunity employer, we comply with all relevant laws that prohibit discrimination on the basis of race, religion, sex, sexual orientation, age, disability, national origin, or any other status protected by federal or state law.

### PLEASE TYPE OR PRINT ALL INFORMATION

Position Applying For: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Apartment No.

\_\_\_\_\_ City State Zip Code

E-Mail Address \_\_\_\_\_

Telephone No. ( ) Business Telephone No. ( )

If hired, will you be able to verify your identity and eligibility to work in the United States and complete the required employment eligibility verification document as required by federal law? ☐ Yes ☐ No

Salary desired: \_\_\_\_\_

Date available: \_\_\_\_\_

How were you referred to us? ☐ Newspaper Ad ☐ School ☐ On my own ☐ a Company Employee ☐ Agency ☐ Other

Name of Referral Source: \_\_\_\_\_

Have you ever been employed here before? ☐ Yes ☐ No If yes, give date: \_\_\_\_\_

## EDUCATION AND TRAINING

	Name of School	City and State	Major	Degree/Diploma and Number of Years Attended
High School				
College/ University				
College/ University				
Other				

List Awards, scholarships, honors received (include publications, inventions, technical awards, etc.) \_\_\_\_\_

\_\_\_\_\_

List professional certifications or designations, and date received _____
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### EMPLOYMENT HISTORY

**This portion of the application must be completed even if a resume is submitted.** Starting with the most recent employer, list full and part-time jobs, summer or volunteer work during the last 10 years. Include periods of military service, self-employment and unemployment. Please leave no unexplained gaps. Attach separate sheets if necessary.

1	Last or Present Employer	Telephone (     )
	Address	Employed (Month and Year) From
	Supervisor's Name and Title	Reason for Leaving
	State Job Title and Describe your work	

2	Last or Present Employer	Telephone (     )
	Address	Employed (Month and Year) From
	Supervisor's Name and Title	Reason for Leaving
	State Job Title and Describe your work	

3	Last or Present Employer	Telephone (     )
	Address	Employed (Month and Year) From
	Supervisor's Name and Title	Reason for Leaving
	State Job Title and Describe your work	

We may contact the employers listed above unless you indicate those you do not want us to contact.	Do Not Contact Employer Number(s): _____ Reason: _____
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### ABILITIES

Please review the attached job description for this job. If hired, will you be able to perform all of the essential functions of this job with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No.
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## REFERENCES

Name			Employer/Position	Business Address	Phone Number
First	M.I.	Last			
1					
2					
3					

## APPLICANT ACKNOWLEDGEMENTS & AGREEMENTS

**Only an Application:** The acceptance of this application shall not be construed as an offer of employment, nor shall it entitle the applicant to any benefit from the Company except that the Company may, in its sole discretion, review the application for the consideration of filling positions that are open at the time and date of application. This application will be kept in the Company's active files only until the position for which it was submitted is filled. If the applicant is not hired, the applicant must complete a new application to be considered for later employment.

**Work Rules:** In the event I become employed by Salem Radiology Consultants, PC, I agree to comply with all of its policies, procedures, rules and regulations, whether or not in writing.

**Drug/Alcohol Test:** I understand that Salem Radiology Consultants, PC, reserves the right to require me to submit to a test for the presence of drugs or alcohol in my system prior to, and at any time during, employment to the extent permitted by law. I further understand that any offer, or continuation, of employment may be contingent upon the successful passing of a drug and alcohol test. I consent to the disclosure of the results of any such tests to Salem Radiology Consultants, PC. I understand that should I decline to sign this consent or decline to take any test required by the Company, my application for employment may be rejected or my employment may be terminated.

**Background Investigation:** If offered a position with Salem Radiology Consultants, PC, I understand that the offer may be conditioned on an investigation of the information I have provided on this application, and that the Company may request from a consumer reporting agency an investigative consumer report including information as to my criminal background, credit records, character, general reputation and personal characteristics. I understand that should I decline to consent to the provision of such information to the Company, my application for employment may be rejected or my employment may be terminated.

**At Will Employment:** If hired, I further acknowledge that any employment with the Company is not for a definite period and that such employment, if offered, may be terminated at any time and for any reason whatsoever, with or without good cause or notice, at the option of Salem Radiology Consultants, PC, or me. I further acknowledge that the Company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. I further understand that no representative or agent of the Company, other than a shareholder, has the authority to enter into any agreement contrary to the foregoing, and that any such agreement must be in writing and signed by a shareholder to be enforceable.

**Certification of Accuracy:** I hereby certify that all the information that I have provided on this application or any other document filled out or provided in connection with my employment or application for employment is complete and accurate. I have withheld no information that would, if disclosed, be reasonably expected to adversely affect my application for, or continuation of, employment. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be discharged.

**MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE FULLY READ AND UNDERSTOOD ALL OF THE FOREGOING TERMS**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you for completing this application and your interest in Salem Radiology Consultants, PC.***