

GROSSMAN IMAGING CENTERS

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Date _____

Last Name First Name Middle Name

Present Street Address City State Zip

Permanent Street Address City State Zip

Phone (Home) Phone (Mobile)

EMPLOYMENT DESIRED

Position applying for _____

Applying for Regular full-time work Regular part-time work Temporary work

If hired, on what date can you start work _____ Salary desired _____

Are you currently employed? Yes No If so, may we contact your current employer? Yes No

PERSONAL INFORMATION

Have you ever applied to work worked for **Grossman Imaging Centers** before? Yes No

If yes, when? _____

Do you have any friends or relatives that work for **Grossman Imaging Centers**? Yes No

If yes, state name(s) and relationship:

Name Relationship Name Relationship

Why are you applying for work at **Grossman Imaging Centers**? _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (if under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your US citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed _____

(note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?
 (Convictions for marijuana-related offenses that are more than two years old need not
 be listed.)

Yes

No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case. _____

(note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and relevance of the offense to the position(s) applied for may, however, be considered.)

EDUCATION, TRAINING, AND EXPREINCE

School Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
Name _____ Address _____ City, State, Zip _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name _____ Address _____ City, State, Zip _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name _____ Address _____ City, State, Zip _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name _____ Address _____ City, State, Zip _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Some of our clients do not speak English. Do you speak, write or understand any foreign languages?

Yes

No

If yes, which languages? _____

Do you have any other experience, training, qualifications, or skills which you fee make you especially suited for work at **Grossman Imaging Centers**? If so please explain _____

Yes

No

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for?

Yes

No

Name of license/certification: _____

Issuing State: _____ License/Certification Number _____

Has your license/certification ever been revoked or suspended?

Yes

No

If yes, state reasons(s), date of revocation or suspension, and date of reinstatement. _____

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____		Telephone () _____ - _____	
Type of Business _____		Your Supervisor's Name _____	
Address & Street _____		City _____ State _____ Zip _____	
Dates of Employment	From _____	To _____	Salary: _____ starting _____ ending _____
Your Position and Duties _____			
Reason for Leaving _____			
May we contact this employer for a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Employer _____		Telephone () _____ - _____	
Type of Business _____		Your Supervisor's Name _____	
Address & Street _____		City _____ State _____ Zip _____	
Dates of Employment	From _____	To _____	Salary: _____ starting _____ ending _____
Your Position and Duties _____			
Reason for Leaving _____			
May we contact this employer for a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Employer _____		Telephone () _____ - _____	
Type of Business _____		Your Supervisor's Name _____	
Address & Street _____		City _____ State _____ Zip _____	
Dates of Employment	From _____	To _____	Salary: _____ starting _____ ending _____
Your Position and Duties _____			
Reason for Leaving _____			
May we contact this employer for a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Employer _____	() _____ - _____ Telephone
Type of Business _____	Your Supervisor's Name _____
Address & Street _____	City _____ State _____ Zip _____
Dates of Employment From _____ To _____	Salary: _____ starting _____ ending
Your Position and Duties _____	
Reason for Leaving _____	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer _____	() _____ - _____ Telephone
Type of Business _____	Your Supervisor's Name _____
Address & Street _____	City _____ State _____ Zip _____
Dates of Employment From _____ To _____	Salary: _____ starting _____ ending
Your Position and Duties _____	
Reason for Leaving _____	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer _____	() _____ - _____ Telephone
Type of Business _____	Your Supervisor's Name _____
Address & Street _____	City _____ State _____ Zip _____
Dates of Employment From _____ To _____	Salary: _____ starting _____ ending
Your Position and Duties _____	
Reason for Leaving _____	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: Attach additional page(s) if necessary

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe: _____

BUSINESS REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

1.

First Name Last Name Telephone () _____ - _____

Address & Street City State Zip

Occupation No. of Years Acquainted

2.

First Name Last Name Telephone () _____ - _____

Address & Street City State Zip

Occupation No. of Years Acquainted

3.

First Name Last Name Telephone () _____ - _____

Address & Street City State Zip

Occupation No. of Years Acquainted

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize **Grossman Imaging Centers**, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and **Grossman Imaging Centers**. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

Applicant's Signature

Date

