

Employment Application

General Information:

Last Name: _____ First Name: _____ M. I.: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Cell Phone: _____

Email: _____

Date available to work: _____ Salary desired: _____

Position(s) applied for:

#1: _____ #2: _____ #3: _____

For which are you applying? Full-Time Part-Time Casual Temporary

Check your availability to work:

Overtime: Yes No On call: Yes No

Rotating Shifts: Yes No Evenings: Yes No

Weekends (Sat/Sun) Yes No Local Travel Yes No

Keyboarding (wpm): _____ 10-Key: _____

Computer / software skills: _____

Other job related skills: _____

How were you referred to us? _____

(If referred by SRC employee(s), please state their name(s): _____)

Since reaching age 18, have you ever been convicted of a misdemeanor or felony (e.g., DUI, theft, assault, etc.)? Yes No (Convictions will not necessarily bar you from employment, but will be reviewed as related to the relevancy of the job for which you have applied.) If yes, please explain: _____

All applicants must complete this thoroughly.

I certify that the information I provided Suburban Radiologic Consultants, Ltd. (SRC) in this application and during the hiring process is true and complete. I understand and acknowledge that any false, misleading or incomplete information in the application or during the hiring process may result in rejection of my application or, if I have been hired, immediate termination of employment.

I authorize SRC to investigate the information contained in this application or otherwise provided by me and release SRC and its employees and agents from any and all liability for seeking information and opinions on me. I authorize all employers, educational institutions, entities, and persons listed in this application or identified by me to provide information about me and hereby release them from all liability for issuing the information. I hereby waive any privilege I have to such information.

Signature: _____

Date: _____

Send to:

Human Resources
Suburban Radiologic Consultants, Ltd.
4801 West 81st Street
Suite 108
Bloomington, MN 55437

Phone: 952-837-9700

Fax: 952-837-9773

Email: careers@subrad.com

Educational Information:

School/College Name	Course of Study	# of Years Completed	Did you graduate?	Diploma/Equiv. Degree	Year Graduated
High School _____	_____	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	N/A
College _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
College _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Other _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____

Professional Licensure, Certification or Registration(s):

Type: _____ State: _____ Date Issued: _____ Expiration Date: _____ Registration #: _____

Type: _____ State: _____ Date Issued: _____ Expiration Date: _____ Registration #: _____

Employment Information: *Begin with your most current employer.*

■ Job Title: _____ Dates: From _____ To _____ Salary: _____

Employer Name: _____ Immediate Supervisor: _____

City: _____ State: _____ Phone: _____

Duties: _____

Reason for leaving: _____

When may we contact this employer? After interview After offer Do not contact Reason _____

■ Job Title: _____ Dates: From _____ To _____ Salary: _____

Employer Name: _____ Immediate Supervisor: _____

City: _____ State: _____ Phone: _____

Duties: _____

Reason for leaving: _____

When may we contact this employer? After interview After offer Do not contact Reason _____

■ Job Title: _____ Dates: From _____ To _____ Salary: _____

Employer Name: _____ Immediate Supervisor: _____

City: _____ State: _____ Phone: _____

Duties: _____

Reason for leaving: _____

When may we contact this employer? After interview After offer Do not contact Reason _____

■ Job Title: _____ Dates: From _____ To _____ Salary: _____

Employer Name: _____ Immediate Supervisor: _____

City: _____ State: _____ Phone: _____

Duties: _____

Reason for leaving: _____

When may we contact this employer? After interview After offer Do not contact Reason _____

■ In order for us to verify work history accurately, please note if you have worked under a different name at any of your previous employers:

Additional Information (optional):

You may attach a resume or include other employment information you think would be helpful to us in considering you for employment.

References:

Please list three references (e.g. co-worker, supervisor, teacher) we may contact.

Note: References must be acquainted with your skills, experience and work ethic.

Name	Title/Occupation	Company/Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____