



APPLICATION FOR EMPLOYMENT

Association of Alexandria Radiologists, P.C. (AAR) is an Equal Opportunity Employer and prohibits discrimination on the basis of race, color, national origin, sex, age, religion, marital status, personal appearance, sexual orientation, matriculation, political affiliation, veteran status, or physical or mental disability.

PERSONAL INFORMATION

Name: last first mi Social Security #:

Present address: street city state zip code

Telephone #: H) C) Are you age 18 or older? Yes No

Email address: Are you either a U.S. Citizen or an Alien authorized to work in the United States? Yes No Can you provide documentation? Yes No

EMPLOYMENT DESIRED

Position: Date you can begin: Minimum Salary desired:

Are you employed now? Yes No If so, may we contact your present employer? Yes No

Have you ever applied to AAR before? Yes No If yes, when?

Referred by: Did you apply on line with AAR Yes No

EDUCATION

Table with 4 columns: Type, Name/Location of School, Graduate/Complete, Interest or Concentration. Rows include High School, College, and Trade/Business/Vocational.

Special skills:

Current registries or certificates:

U. S. Military Service: Yes No Active Service Rank: Length of Service: Current member of the National Guard or Reserves: Yes No

Have you ever been convicted of a crime? Yes No If Yes, please explain:

After reviewing the essentials functions of the job for which you are applying, are you able to perform these functions with or without accommodation(s) Yes No If you can perform the functions with accommodation(s), please explain the functions and specify accommodation(s)

Do you have any commitments to another employer that might affect your employment?

**EMPLOYMENT HISTORY**

From: \_\_\_\_\_ To: \_\_\_\_\_ Company name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 mo/yr mo/yr Company address: \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
 Ending position: \_\_\_\_\_ Ending rate: \_\_\_\_\_  
 Starting position: \_\_\_\_\_ Starting rate: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 May we contact this employer?  Yes  No

From: \_\_\_\_\_ To: \_\_\_\_\_ Company name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 mo/yr mo/yr Company address: \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
 Ending position: \_\_\_\_\_ Ending rate: \_\_\_\_\_  
 Starting position: \_\_\_\_\_ Starting rate: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 May we contact this employer?  Yes  No

From: \_\_\_\_\_ To: \_\_\_\_\_ Company name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
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 Ending position: \_\_\_\_\_ Ending rate: \_\_\_\_\_  
 Starting position: \_\_\_\_\_ Starting rate: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 May we contact this employer?  Yes  No

From: \_\_\_\_\_ To: \_\_\_\_\_ Company name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 mo/yr mo/yr Company address: \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
 Ending position: \_\_\_\_\_ Ending rate: \_\_\_\_\_  
 Starting position: \_\_\_\_\_ Starting rate: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 May we contact this employer?  Yes  No

What position was your most favorable and why? \_\_\_\_\_

**REFERENCES**

Please provide three professional individuals, not related to you, who each have supervised your employment.

Name	Company	Occupation	Telephone Number
1.			
2.			
3.			

My signature below certifies that I have completed this Application for Employment with Association of Alexandria Radiologists, P.C. (AAR) and the facts contained in this application are complete and true. Further, I understand that any misrepresentation or omission of facts is sufficient grounds for rejection of this application or, if hired, dismissal from employment.

I authorize AAR to investigate all statements contained herein and the references and employers, listed on this application and attached, to give AAR any and all information concerning my current and previous employment and any pertinent information they may have. I also authorize AAR/or Agents to solicit information about my criminal background, social security, academic record, credit history, driving and general public records history.

I understand that if offered employment, I must satisfy the Immigration Reform and Control Act of 1986 requirements by showing eligibility for legal employment in the United States within three business days from the date employment begins. I understand that this employment application is not a contract of employment and if hired my employment will be at will and for no definite period of time, and either AAR or I may terminate the employment relationship at anytime, with or without cause.

I acknowledge that I have read and understand fully this application, including the above statements.

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