



An Equal Opportunity Employer

EMPLOYMENT APPLICATION

PLEASE PRINT

Date: _____

Please read carefully, write clearly, and answer all questions completely. Only candidates that fully complete all required sections, will be considered for employment. Not all applicants will be interviewed; only those interviewed will receive a response from the Practice.

Name: _____
 Last First Middle

Business Telephone (____) _____ Home Telephone (____) _____

Present Address: _____
 No. Street City State Zip

How long have you lived at this address? *(If less than five years, provide your former addresses for the past five years):* _____

EMPLOYMENT DESIRED

Position applying for: _____

Are you applying for:

- Regular full-time work? Yes No
- Regular part-time work? Yes No
- Temporary work? Yes No

What days and hours are you available to work? _____

If applying for temporary work, during what period of time will you be available?

Would you be available to work overtime, if necessary? Yes No
(Total hours and schedule are at the discretion of the Practice)

If hired, on what date can you start work? _____

Salary or hourly rate desired: _____

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PERSONAL INFORMATION

Have you ever applied to or worked for the Practice before? Yes No

If yes, when? _____

Do you have any friends or relatives working for the Practice? Yes No

If yes, state name(s) and relationship _____

If the position for which you are applying requires that you drive a vehicle, can you provide proof of your legal right to drive in CA? Yes No

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

Are you at least 18 years old? Yes No

(If under 18, hire is subject to verification that you are of minimum legal age and have a valid student work permit.)

If hired, can you present documentation establishing your legal right to employment in the United States?

Yes No

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

If no, describe the functions that cannot be performed. _____

(Note: Hire may be subject to passing a medical fitness for duty examination.)

EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School				
College/ University				
Vocational/ Business				

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at the Practice? If so, please explain: _____

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EMPLOYMENT HISTORY

List below all present and past employment, whether paid or unpaid, starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. Attach extra pages if necessary. You must complete this section even if attaching a resume. If currently employed, state why you are seeking other employment under "Reason for Leaving").

May we contact your present employer? Yes No

Name of Employer: _____

Address: _____
No. Street City State Zip

Type of Business: _____

Telephone No. (____) _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____
No. Street City State Zip

Type of Business: _____

Telephone No. (____) _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Reason for Leaving: _____

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Name of Employer: _____

Address: _____
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Telephone No. (____) _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Reason for Leaving: _____

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of military service that may relate to the position for which you are applying?

Yes No

If so, describe: _____

REFERENCES

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

Name: _____

Address: _____
 No. Street City State Zip

Occupation: _____

Telephone No. (____) _____ Number of Years Acquainted

Name: _____

Address: _____
 No. Street City State Zip

Occupation: _____

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Telephone No. (____) _____ Number of Years Acquainted

Name: _____

Address: _____
 No. Street City State Zip

Occupation: _____

Telephone No. (____) _____ Number of Years Acquainted

Please read carefully, initial each paragraph and sign below.

I understand that persons employed at Grossman Imaging Center (the "Practice") have access to confidential information regarding various phases of the Practice business. Therefore, the Practice requires new employees, as a condition of employment, to sign a Confidentiality Agreement.

I understand that information concerning competitors' operations, products, designs or other proprietary information will not be solicited from an applicant for employment, or from the Practice's employees. The Practice will honor any valid post-employment restrictions contained in an applicant's employment contract and fully respects the applicant's duty of loyalty and non-disclosure to a former employer.

In consideration of my employment, if hired, I agree to conform to the rules and regulations set forth by the Practice in its policies and practices or as directed by management.

I understand that each employee of Practice is an at-will employee unless specifically notified otherwise in writing. That is, I may terminate our employment relationship at any time, for any reason, and the Practice has the same right to terminate our employment relationship at any time and for any reason. I understand that this at-will relationship cannot be modified or changed during my employment except by specific written agreement between me and the Practice, signed by the President of the Practice.

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I understand that if offered employment, I may be required to submit to and pass a medical examination to assess my fitness for duty as a condition of beginning my employment.

I understand that if offered employment I may be required to submit to a drug and/or alcohol screen. I further understand that I must successfully pass such a screen as a condition of beginning my employment. If test results are not received until after I start employment, a positive test will result in my termination.

I understand that if offered employment, I may be required to submit to a background and reference check as a condition of beginning my employment.

I understand that, if offered employment, I will be required to sign an agreement requiring me to arbitrate almost all claims I might have against the Practice in the future. I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application in accordance with the terms of that Agreement.

Signature of Applicant

Date

Revised 02/08/2018