



**QUALITY MEDICAL IMAGING**

# Employment Application

Please print the following information using blue/black ink. Incomplete applications are not considered. Applications will remain active for 30 days.

### PERSONAL INFORMATION:

Name		Date of Application	
Phone (home)		Phone (cell/other)	
Home Address		City	State Zip
E-mail		Are you eligible to work in the United States? Proof of citizenship or immigration status required upon employment. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO		Social Security #	
How were you referred to us? _____ _____			

### EMPLOYMENT DESIRED:

Position Desired:		Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If so, may we inquire of your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you been employed here before? If yes, when? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Available for Work	Days Available Mon Tue Wed Thu Fri Sat Sun	Shifts Available	
Available to work ( <i>check items</i> ) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem			
Which shifts are you available to work <input type="checkbox"/> Days <input type="checkbox"/> Swing <input type="checkbox"/> Grave <input type="checkbox"/> On Call			
Net Pay Desired _____ Minimum acceptable pay _____			
Are you willing to work overtime? _____ Are you willing to be on-call? _____			
Can begin work on _____ with the following schedule limitations _____			

### CRIMINAL HISTORY:

Have you been <b>convicted</b> of a felony or misdemeanor crime other than a traffic violation? <b>(Please initial next to the appropriate answer)</b> <input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____	
If yes, specify the crime (s) for which you were convicted, location and date. Records expunged or pardoned should not be included. (Conviction of a crime will not necessarily disqualify you from employment). _____ _____ _____	

## EDUCATION HISTORY:

Name & Location of School		# Years Attended	Did you graduate?	Subjects/Major Studied or Degree Certification
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Trade, Business or Tech School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Trade, Business or Tech School			<input type="checkbox"/> YES <input type="checkbox"/> NO	

**EMPLOYMENT HISTORY:** (Start with your present or last job please. Include all employers for the past 10 years and explain all gaps in your employment. Use extra sheet if needed. Failure to list all employment for the past 10 years will eliminate you as a candidate for employment or be grounds for immediate dismissal if employed):

1. Employer		Phone		Hourly Rate/Salary Start:: Final:	
Address		City		State Zip	
Dates Employed			Supervisor's Name		
Job Title: Duties Performed:			Reason for Leaving <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary <input type="checkbox"/> Resignation Explain		
2. Employer		Phone		Hourly Rate/Salary Start:: Final:	
Address		City		State Zip	
Dates Employed			Supervisor's Name		
Job Title: Duties Performed:			Reason for Leaving <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary <input type="checkbox"/> Resignation Explain		
3. Employer		Phone		Hourly Rate/Salary Start:: Final:	
Address		City		State Zip	
Dates Employed			Supervisor's Name		
Job Title: Duties Performed:			Reason for Leaving <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary <input type="checkbox"/> Resignation Explain		
4. Employer		Phone		Hourly Rate/Salary Start:: Final:	
Address		City		State Zip	
Dates Employed			Supervisor's Name		
Job Title: Duties Performed:			Reason for Leaving <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary <input type="checkbox"/> Resignation Explain		
5. Employer		Phone		Hourly Rate/Salary Start:: Final:	
Address		City		State Zip	
Dates Employed			Supervisor's Name		
Job Title: Duties Performed:			Reason for Leaving <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary <input type="checkbox"/> Resignation Explain		

6. Employer		Phone	Hourly Rate/Salary Start:: Final:
Address	City	State	Zip
Dates Employed		Supervisor's Name	
Job Title: Duties Performed:		Reason for Leaving <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary <input type="checkbox"/> Resignation Explain	

Have you ever been terminated or asked to resign from any job?  No  Yes

**If yes, please explain circumstances.**

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE:** Have you ever served in the military service of the United States?  YES  NO

Date of Induction	Branch	Induction Branch	Discharge Bank	List job or type of Duty	Date of Discharge	Type of Reserve Membership

**PERSONAL REFERENCES:** (List three persons not related to you, whom you have known at least one year):

1. Name		Position		Phone	
Address		City		State	
Address		City		State	
Relation to you (former employer, fellow worker, etc.)		Years Known		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Name		Position		Phone	
Address		City		State	
Address		City		State	
Relation to you (former employer, fellow worker, etc.)		Years Known		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Name		Position		Phone	
Address		City		State	
Address		City		State	
Relation to you (former employer, fellow worker, etc.)		Years Known		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Do you have any physical limitations that preclude you from performing any work for which you are being considered?  YES  NO

Please describe:

\_\_\_\_\_

\_\_\_\_\_

**I UNDERSTAND AND AGREE THAT:**

1. ANY MISREPRESENTATION OR DELIBERATE OMISSION OF FACT IN MY APPLICATION MAY BE JUSTIFICATION FOR REFUSAL OF, OR IF EMPLOYED, TERMINATION OF EMPLOYMENT. \_\_\_\_\_ **INITIAL**

2. IT IS MY UNDERSTANDING THAT QUALITY MEDICAL IMAGING WILL MAKE A THOROUGH INVESTIGATION OF MY ENTIRE WORK HISTORY AND, CRIMINAL BACKGROUND AND MAY VERIFY DATA GIVEN IN MY APPLICATION FOR REEMPLOYMENT, RELATED PAPERS OR ORAL INTERVIEWS. I AUTHORIZE SUCH INVESTIGATION AND THE GIVING AND RECEIVING OF ANY INFORMATION REQUESTED BY QUALITY MEDICAL IMAGING AND I RELEASE FROM LIABILITY ANY PERSON GIVING OR RECEIVING ANY SUCH INFORMATION. I UNDERSTAND THAT FALSIFICATION OF DATA SO GIVEN OR OTHER DEROGATORY INFORMATION DISCOVERED AS A RESULT OF THE INVESTIGATION MAY PREVENT MY BEING HIRED, OR IF HIRED, MAY SUBJECT ME TO IMMEDIATE DISMISSAL. I AUTHORIZE REFERENCES AND EMPLOYERS LISTED HEREIN TO PROVIDE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE REFERENCE/COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. \_\_\_\_\_ **INITIAL**

3. I HAVE READ AND UNDERSTAND THE JOB DESCRIPTION FOR THE POSITION I AM BEING CONSIDERED. I UNDERSTAND THE JOB DESCRIPTION MAY CHANGE TO MEET BUSINESS DEMANDS FOR THE POSITION. \_\_\_\_ **INITIAL**

4. I UNDERSTAND THAT I MUST MEET THE ELIGIBILITY TO WORK IN THE UNITED STATES REQUIREMENTS, AND ALL TAX FORMS MUST BE COMPLETED AND IDENTIFICATION MUST BE PROVIDED FOR REVIEW BEFORE MY FIRST PAYCHECK CAN BE ISSUED. \_\_\_\_ **INITIAL**

5. I ALSO UNDERSTAND THAT THE COMPANY UTILIZES A SYSTEM OF ALTERNATIVE DISPUTE RESOLUTION THAT INVOLVES BINDING ARBITRATION TO RESOLVE ALL DISPUTES THAT MAY ARISE OUT OF THE EMPLOYMENT CONTEXT. BECAUSE OF THE MUTUAL BENEFITS (SUCH AS REDUCED EXPENSE AND INCREASED EFFICIENCY) WHICH PRIVATE BINDING ARBITRATION CAN PROVIDE BOTH THE COMPANY AND MYSELF, BOTH THE COMPANY AND I AGREE THAT ANY CLAIM, DISPUTE, AND/OR CONTROVERSY (INCLUDING, BUT NOT LIMITED TO, ANY CLAIMS OF DISCRIMINATION AND HARASSMENT, WHETHER THEY BE BASED ON THE NEVADA LAW AGAINST DISCRIMINATION, TITLE VII OF THE CIVIL RIGHTS ACT OF 1964, AS AMENDED, AS WELL AS ALL OTHER STATE OR FEDERAL LAWS OR REGULATIONS) THAT EITHER I OR THE COMPANY (OR ITS OWNERS, DIRECTORS, OFFICERS, MANAGERS, EMPLOYEES, AGENTS, AND PARTIES AFFILIATED WITH ITS EMPLOYEE BENEFIT AND HEALTH PLANS) MAY HAVE AGAINST THE OTHER WHICH WOULD OTHERWISE REQUIRE OR ALLOW RESORT TO ANY COURT OR OTHER GOVERNMENTAL DISPUTE RESOLUTION FORUM ARISING FROM, RELATED TO, OR HAVING ANY RELATIONSHIP OR CONNECTION WHATSOEVER WITH MY SEEKING EMPLOYMENT WITH, EMPLOYMENT BY, OR OTHER ASSOCIATION WITH THE COMPANY, WHETHER BASED ON TORT, CONTRACT, STATUTORY, OR EQUITABLE LAW, OR OTHERWISE, (WITH THE SOLE EXCEPTION OF CLAIMS ARISING UNDER THE NATIONAL LABOR RELATIONS ACT WHICH ARE BROUGHT BEFORE THE NATIONAL LABOR RELATIONS BOARD, CLAIMS FOR MEDICAL AND DISABILITY BENEFITS UNDER WORKERS COMPENSATION, AND UNEMPLOYMENT COMPENSATION CLAIMS FILED WITH THE STATE SHALL BE SUBMITTED TO AND DETERMINED EXCLUSIVELY BY BINDING ARBITRATION UNDER THE FEDERAL ARBITRATION ACT, IN CONFORMITY WITH THE PROCEDURES OF THE UNIFORM ARBITRATION ACT AS ADOPTED IN THE NEVADA REVISED STATUTES 38.015 ET SEQ. HOWEVER IN ADDITION TO REQUIREMENTS IMPOSED BY LAW, ANY ARBITRATOR HEREIN SHALL BE A RETIRED NEVADA COURT JUDGE AND SHALL BE SUBJECT TO DISQUALIFICATION ON THE SAME GROUNDS AS WOULD APPLY TO A JUDGE OF SUCH COURT. TO THE EXTENT APPLICABLE IN CIVIL ACTIONS IN UNITED STATES DISTRICT COURTS, THE FOLLOWING SHALL APPLY AND BE OBSERVED: ALL RULES OF PLEADING ALL RULES OF EVIDENCE, ALL RIGHTS TO RESOLUTION OF THE DISPUTE BY MEANS OF MOTIONS FOR SUMMARY JUDGMENT, JUDGMENT ON THE PLEADINGS. RESOLUTION OF THE DISPUTE SHALL BE BASED SOLELY UPON THE LAW GOVERNING THE CLAIMS AND DEFENSES PLEADED, AND THE ARBITRATOR MAY NOT INVOKE ANY BASIS (INCLUDING BUT NOT LIMITED TO, NOTIONS OF "JUST CAUSE") OTHER THAN SUCH CONTROLLING LAW. THE ARBITRATOR SHALL HAVE THE IMMUNITY OF A JUDICIAL OFFICER FROM CIVIL LIABILITY WHEN ACTING IN THE CAPACITY OF AN ARBITRATOR, WHICH IMMUNITY SUPPLEMENTS ANY OTHER EXISTING IMMUNITY. LIKEWISE, ALL COMMUNICATIONS DURING OR IN CONNECTION WITH THE ARBITRATION PROCEEDINGS ARE PRIVILEGED. AS REASONABLY REQUIRED TO ALLOW FULL USE AND BENEFIT OF THIS AGREEMENT, THE ARBITRATOR SHALL EXTEND THE TIMES SET FOR THE GIVING OF NOTICES AND SETTING OF HEARINGS. AWARDS SHALL INCLUDE THE ARBITRATOR'S WRITTEN REASONED OPINION AND, AT EITHER PARTY'S WRITTEN REQUEST WITHIN 10 DAYS AFTER ISSUANCE OF THE AWARD, SHALL BE SUBJECT TO AFFIRMATION, REVERSAL OR MODIFICATION, FOLLOWING REVIEW OF THE RECORD AND ARGUMENTS OF THE PARTIES BY A SECOND ARBITRATOR WHO SHALL, AS FAR AS PRACTICABLE, PROCEED ACCORDING TO THE LAW AND PROCEDURES APPLICABLE TO APPELLATE REVIEW BY THE NEVADA COURT OF APPEAL OF A CIVIL JUDGMENT FOLLOWING COURT TRIAL. SHOULD ANY TERM OR PROVISION, OR PORTION THEREOF, BE DECLARED VOID OR UNENFORCEABLE IT SHALL BE SEVERED AND THE REMAINDER OF THIS AGREEMENT SHALL BE ENFORCEABLE. **I UNDERSTAND THAT BY VOLUNTARILY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH I AND THE COMPANY GIVE UP OUR RIGHTS TO TRIAL BY JURY OF ANY CLAIM I OR THE COMPANY MAY HAVE AGAINST EACH OTHER.** \_\_\_\_\_ **INITIAL**

I UNDERSTAND THAT THIS VOLUNTARY ALTERNATIVE DISPUTE RESOLUTION PROGRAM COVERS CLAIMS OF DISCRIMINATION OR HARASSMENT UNDER TITLE VII OF THE CIVIL RIGHTS ACT OF 1964, AS AMENDED. BY MARKING THE BOX TO THE RIGHT, I ELECT TO WAIVE THE BENEFITS OF ARBITRATING TITLE VII CLAIMS.

I HAVE READ AND UNDERSTAND THE ABOVE AND CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature	Date
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Return this employment application to Quality Medical Imaging. You may include a resume.