



Referral Source: _____ Advertisement; Source _____
_____ DRMG Staff; Name _____
_____ Relative _____
_____ Job Fair _____
_____ DRMG Website _____
_____ Walk-in _____
_____ Employment Agency _____
_____ Other: _____

Position Applied For: _____ **Date:** _____

Delta Radiology Medical Group, Inc. is an equal opportunity employer and does not unlawfully discriminate in employment based on race, religion, color, national origin, physical or mental disability, medical condition, sex, marital status, sexual orientation, gender identity, age, or any other basis prohibited by local, state, federal, or other applicable laws. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. Proof of identity and legal authority to work in the U.S. is a condition of employment with Delta Radiology Medical Group, Inc. All employment offers with Delta Radiology Medical Group, Inc. are contingent upon successful completion of a complete background check which may include verification of licenses and certifications, a credit check, pre-employment physical, and drug/alcohol screening. Delta Radiology Medical Group, Inc. is an "at will" employer.

Please print in ink

Name: _____
Last First Middle

_____ Address City State ZIP

Home Phone: () _____ **Alt. Phone:** () _____ **Soc. Sec. Num:** _____

AVAILABILITY

(Please state # of Hours per week)

(Please Check All That Apply)

I desire to work **Full-Time** I desire to work **Part-Time** I am available: M-F On Call /Flexible/Relief

If Part-Time, list days and hours available: _____

Date Available to Start: _____ Salary/Rate Desired: _____ Min. Acceptable Rate: _____

If currently employed, why do you wish to change? _____

Are you willing to accept employment which requires you to travel between offices? Yes No Locally only

Are you multilingual? Yes No If yes, Language(s) _____

REFERENCES - BUSINESS

List three references who are familiar with the quality of your work, have worked directly with you, and have known you at least two years. Please DO NOT list family members; list business references only.

Name Relationship _____
Company Work Phone _____
Address _____

Name Relationship _____
Company Work Phone _____
Address _____



1. Business Reference (Con't)

Name	Relationship
Company	Work Phone
Address	

EDUCATION

School Name, City & State

Courses/Degrees/Certificates/Majors

Last High School Attended		Years Completed: 9 10 11 12 Grad? Y N
College or University		Years Completed: 1 2 3 4 Degree? _____
College or University		Years Completed: 1 2 3 4 Degree? _____
Business, Trade or Vocational		Years Completed: 1 2 3 4 Certified? Y N
CRT/ARRT/RHT		
RDMS/RVT		
Other:		

Special Skills or other training? _____

DRIVING

If driving is a requirement of the job for which you are applying, please answer the following:

Do you have a current valid driver's license? Yes No

License # _____ Class _____ State Issued _____

Are there any restrictions on your license? Yes No

If yes, explain: _____

How many citations have you received during the past three years? (DMV printout may be required).

Have you every had a driver's license denied, suspended, or revoked? Yes No

NOTE: If driving is a requirement of the job for which you are applying, continued employment is contingent on your maintaining a current driver's license.

GENERAL INFORMATION

Have you previously applied for employment with Delta Radiology Medical Group, Inc.? Yes No

Do you have relatives presently working for Delta Radiology Medical Group, Inc.? Yes No

If Yes, please state their name(s) and relation to you _____

Are you at least 18 years of age and can you provide proof of age upon request? Yes No

Have you ever been convicted of a crime, other than a traffic violation? Yes No

NOTE: Please exclude convictions that have been sealed, expunged, or legally eradicated; misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to employment. Each case will be considered on its own merit.

If Yes, please explain _____

Have you ever been discharged or suspended from a job? Yes No

If Yes, please explain _____



EMPLOYMENT HISTORY (All applicants *MUST* complete the employment history, even when submitting a resume.)

May we contact your current employer? ___Yes ___No May we contact you at work? ___Yes ___No

Starting with your most recent, describe ALL employment, military service, voluntary and other work experience. Highlight your knowledge, skills and abilities, which BEST demonstrate your qualifications for the position you are applying. You may list significantly different jobs within the same organization as separate items.

Employer	From (mm/yy)	To (mm/yy)	Type of work performed
Address			
City ST ZIP	Starting Wage Ending Wage		
Job Title Hours/Week			
Immediate Supervisor	Phone:	Fax:	
Reason for Separation			

Employer	From (mm/yy)	To (mm/yy)	Type of work performed
Address			
City ST ZIP	Starting Wage Ending Wage		
Job Title Hours/Week			
Immediate Supervisor	Phone:	Fax:	
Reason for Separation			

Employer	From (mm/yy)	To (mm/yy)	Type of work performed
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Immediate Supervisor	Phone:	Fax:	
Reason for Separation			

Employer	From (mm/yy)	To (mm/yy)	Type of work performed
Address			
City ST ZIP	Starting Wage Ending Wage		
Job Title Hours/Week			
Immediate Supervisor	Phone:	Fax:	
Reason for Separation			

OTHER SKILLS/QUALIFICATIONS Summarize any job related training, skills, licenses, or other qualifications.



Full Name: _____
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VERIFICATION

If you requested that we NOT contact your current or any previous employers, please identify the employer(s) you would prefer us not to contact and state the specific reason why.

ACKNOWLEDGMENT/AUTHORIZATION

Authorization to Investigate. I understand that in connection with the application process, Delta Radiology Medical Group, Inc. may request information from my past employers, educational institutions, personal references, and any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such investigation may include a review of my credit history and any criminal records. I request, authorize, and consent to the release of any and all such information to Delta Radiology Medical Group, Inc. consistent with all state and federal laws and hereby release and hold harmless every person or entity that communicates such information to Delta Radiology Medical Group, Inc. in good faith and without malice from any and all claims or liability of any type whatsoever. **Initials** _____

Employment is "At Will". In consideration of my employment, I agree to conform to the rules and standards of Delta Radiology Medical Group, Inc. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or the option of Delta Radiology Medical Group, Inc. **Initials** _____

Certification. I certify that all information provided by me in this application and/or interview(s) is true and complete to the best of my knowledge and that I have not knowingly withheld any information requested. I understand that in the event that I am hired by Delta Radiology Medical Group, Inc., I will be subject to dismissal if it is determined that any of the information I have provided is false or that I have failed to provide any information requested. **Initials** _____

Identity and Work Authorization. I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within 3 days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. **Initials** _____

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature of Applicant Date

Internal Use Only

Accepted By: _____ Date

Reference Authorization & Release Form



Full Name: _____
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Dear Employer,

The below named applicant is being considered for employment with Delta Radiology Medical Group, Inc. and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. All information provided will be treated in confidence. Please return this form to us by faxing to 209-371-0119 or by email to careers@deltarad.com, Attn: Human Resources. Thank you for your assistance.

APPLICANT'S AUTHORIZATION & RELEASE

Applicant Name: _____ Applicant Social Security/ID Number: _____

I consent to and authorize the former employer named below, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information, and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the below named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant Signature: _____ Date: _____

Former Employer: Please complete the following;

Company Name: _____ Phone No: _____ Fax No: _____

Position Held: _____ Dates employed: _____

Summary of essential duties: _____

Reason for leaving: _____

Salary at termination: \$ _____ Eligible for rehire? ___ Yes ___ No

Please rate the following:	Excellent	Good	Satisfactory	Marginal	Poor
Job Knowledge					
Accuracy					
Productivity					
Dependability					
Overall Performance					

Comments: _____

Signature: _____ Title: _____ Date: _____