

EMPLOYMENT APPLICATION

Practice Locations: Hewlett, Elmont, Plainview, Forest Hills
 Mid Town, Astoria, Far Rockaway

An Equal Opportunity Employer

PERSONAL

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Telephone: _____ Social Security Number _____

Drivers License# _____ State _____ Expiration Date _____

Have you been convicted of a felony
 In the past seven years? YES NO Explain _____

Are you a citizen of the USA? YES NO

JOB INTERESTS/SKILLS

Positions (s) applied for _____ Desired Salary _____

Have you applied for a position here before? YES NO If yes, when? _____

Type of employment requested Full Time Part Time Temporary Summer

Date you can begin working _____

Please summarize any other special skills or qualifications: _____

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE, DIPLOMA CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						

EMPLOYMENT HISTORY (Please list most recent employment first and attach resume)

1. Name of Employer _____
Address _____
(Street) (City) (State) (Zip)
Supervisor / Title _____ Your Title _____
Employed From _____ to _____ Starting salary _____ Ending Salary _____
Job Description _____
Reason for leaving _____

2. Name of Employer _____
Address _____
(Street) (City) (State) (Zip)
Supervisor / Title _____ Your Title _____
Employed From _____ to _____ Starting salary _____ Ending Salary _____
Job Description _____
Reason for leaving _____

3. Name of Employer _____
Address _____
(Street) (City) (State) (Zip)
Supervisor / Title _____ Your Title _____
Employed From _____ to _____ Starting salary _____ Ending Salary _____
Job Description _____
Reason for leaving _____

REFERENCES

Name	Relationship	Home Telephone	Daytime Telephone

I certify that the above answers are true and complete to the best of my knowledge. I authorize Long Island Radiology Associates, P.C. to investigate any statement contained in this application and if so desired do a background check and or obtain a credit report on me, as necessary to determine my qualifications. I understand that any false or misleading information given on my application, correspondence, discussion or interview may result in termination of employment. I understand also, that I'm required to abide by all rules, regulations and policies of Long Island Radiology Associates, P.C.

Applicant's Signature: _____ Date: _____