

## An Equal Opportunity Employer

All applicants will receive consideration for employment on the basis of their qualifications and without regard to unlawful consideration of their race, color, religion, sex, age, national origin, marital status, disability, or any other legally protected basis. Reasonable accommodations are available to qualified disabled individuals upon request.

## APPLICATION FOR EMPLOYMENT SHARP and CHILDREN'S MRI Center, LLC

### INSTRUCTIONS

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. Please print, except for your signature on back of application. Signature must be in blue or black ink.

Job for which you are applying: \_\_\_\_\_

Are you seeking employment: Full time  Part time  Temporary/Summer/Per Diem

When could you start to work? \_\_\_\_\_

### PERSONAL DATA

\_\_\_\_\_  
Last Name First Name Middle Name Telephone Number(s)

\_\_\_\_\_  
Present Street Address City State Zip Code

If hired, can you provide proof within three (3) working days that you are a citizen or national of the United States, a lawful permanent resident, or an alien authorized to work in the United States?

Yes  No

### HEALTH

Can you perform the essential functions of the job for which you are applying, as described in the applicable job description provided with this application?

Yes  No

If No, can you perform the essential functions of the job for which you are applying, as described in the applicable job description provided with this application, with reasonable accommodation?

Yes  No

This document contains confidential information that is legally privileged. This information is intended only for the use of SHARP and CHILDREN'S MRI Center, LLC. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled or as required by law.

If hired by SHARP and CHILDREN'S MRI Center, LLC, you will be required to make every effort to protect the confidential information of our patients, our physicians and employees, and our business according to the Health Insurance Portability and Accountability Act of 1996, and to comply with the Compliance Standards required by SHARP and CHILDREN'S MRI Center, LLC. Please initial that you have been informed that your compliance with all compliance programs is mandatory.

\_\_\_\_\_  
Initial

## GENERAL

Were you ever employed here?      Yes       No       If yes, when? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Have you ever applied here before?      Yes       No       If yes, when: \_\_\_\_\_

Have you ever been convicted of a felony within the past seven (7) years that has not been judicially ordered sealed, expunged, or statutorily eradicated?      Yes       No

If Yes, state the nature of the crime(s) \_\_\_\_\_

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For Driving Jobs Only: Do you have a valid driver's license?      Yes       No

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years?      Yes       No

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## EDUCATION

| Name and Location of School(s)          | Highest Grade Completed | Did you graduate? |
|---|-------------------------|-------------------|
| High School:<br>(or date GED completed) |                         |                   |
| College/University:                     |                         |                   |
| College Major:                          |                         |                   |
| Degree:                                 |                         |                   |
| College/University:                     |                         |                   |
| College Major:                          |                         |                   |
| Degree:                                 |                         |                   |

| Additional Educational and/or Vocational or Technical Training Information: | Courses Taken | Did you graduate |
|---|---------------|------------------|
| School:   |               |                  |
| School:   |               |                  |
| School:   |               |                  |

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## SPECIAL SKILLS

If you are an experienced operator of any business machines or equipment pertinent to the job for which you are applying, please list:

10-key calculator?      \_\_\_\_ Yes \_\_\_\_ No      Computer (Software you know) \_\_\_\_\_

Do you type?      \_\_\_\_ Yes \_\_\_\_ No      If Yes, Words per minute \_\_\_\_\_

## WORK HISTORY

List your paid or unpaid work experience in consecutive order with present or last employer/company listed first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and business references. Be sure to include all dates (month and year).

|  |                         |                          |                 |
|--|-------------------------|--------------------------|-----------------|
| Name of <b>Most Recent</b> Employer/Company<br>Address<br>City, State, Zip | Name of Last Supervisor | Employed<br>From (mo/yr) | Pay<br>\$ Start |
| Telephone  |                         | To (mo/yr)               | \$ Final        |
| Title  | Reason for leaving      |                          |                 |
| Duties   | Reason for leaving      |                          |                 |
| Name of <b>Previous</b> Employer/Company<br>Address<br>City, State, Zip    | Name of Last Supervisor | Employed<br>From (mo/yr) | Pay<br>\$ Start |
| Telephone  |                         | To (mo/yr)               | \$ Final        |
| Title  | Reason for leaving      |                          |                 |
| Duties   | Reason for leaving      |                          |                 |
| Name of <b>Previous</b> Employer/Company<br>Address<br>City, State, Zip    | Name of Last Supervisor | Employed<br>From (mo/yr) | Pay<br>\$ Start |
| Telephone  |                         | To (mo/yr)               | \$ Final        |
| Title  | Reason for leaving      |                          |                 |
| Duties   | Reason for leaving      |                          |                 |
| Name of <b>Previous</b> Employer/Company<br>Address<br>City, State, Zip    | Name of Last Supervisor | Employed<br>From (mo/yr) | Pay<br>\$ Start |
| Telephone  |                         | To (mo/yr)               | \$ Final        |
| Title  | Reason for leaving      |                          |                 |
| Duties   | Reason for leaving      |                          |                 |
| Name of <b>Previous</b> Employer/Company<br>Address<br>City, State, Zip    | Name of Last Supervisor | Employed<br>From (mo/yr) | Pay<br>\$ Start |
| Telephone  |                         | To (mo/yr)               | \$ Final        |
| Title  | Reason for leaving      |                          |                 |
| Duties   | Reason for leaving      |                          |                 |

If you need additional space, please continue on a separate sheet of paper.

Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable us to check your work record?

Yes  No

If yes, please provide name(s) \_\_\_\_\_

Are you presently employed?

Yes  No

If yes, may we contact your present employer? Yes  No

Have you ever been fired from a job or asked to resign? Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

### REFERENCES

Give three references, not relatives or former employers.

| Name | Address | Street | Occupation |
|------|---------|--------|------------|
|      |         |        |            |
|      |         |        |            |
|      |         |        |            |

I certify that the answers by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I understand that any false statements, misrepresentations or deliberate omissions of fact provided in this application or during any interviews will disqualify me from employment or may result in my dismissal from employment. I also authorize the companies, schools, or persons or their agents named in this application to give SHARP and CHILDREN'S MRI Center, LLC ("Company" or "Center"), or its agents, any information regarding my employment, character, and qualifications. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. If I am hired, in consideration of my employment, I agree to conform to the rules and standards of the Company and agree that my employment, compensation, and benefits can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. In addition, my position will be subject to modification, and I may be disciplined, at the Company's discretion. I understand that no employee or representative of the Company other than the Board of Management has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the Board of Management may not alter the at-will nature of the employment relationship unless the Board expresses a clear intent to do so in a specific written agreement signed by both me and the Board of Management or its representative. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. Finally, I understand that, if I am hired, upon termination of employment, that all company property must be returned and any indebtedness to the Company must be repaid.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Do not write below this line

### COMPANY USE ONLY

Interviewed by: \_\_\_\_\_ Job Classification: \_\_\_\_\_

Disposition: \_\_\_\_\_ Date Employed: \_\_\_\_\_

Starting Rate: \_\_\_\_\_ per \_\_\_\_\_

Application information checked by: \_\_\_\_\_ Date \_\_\_\_\_