



7901 Frost Street | San Diego, CA 92123
 3075 Health Center Drive | San Diego 92123 (Sharp Outpatient Pavilion)
 7901 Frost Street | San Diego, CA 92123 (Physician's Medical Center)
 3010 Children's Way | San Diego 92123 (Rady's Children's Acute Care Pavilion)

APPLICATION FOR EMPLOYMENT

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.

PERSONAL DATA

Last Name		First Name		MI
Address		City	State	Zip
Telephone (home)		Telephone (cell)		E-mail
Are you 18 years or older Yes <input type="checkbox"/> No <input type="checkbox"/>	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 US?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Prefer <input type="checkbox"/> Part-Time <input type="checkbox"/> Full Time	Date you could start	Desired Salary	Ever applied or worked here?	Yes <input type="checkbox"/> No <input type="checkbox"/> When?
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, give offense, date and disposition of case.*	

**Exclude convictions for which the record has been judicially expunged, sealed, or eradicated, misdemeanor convictions for which probation has been completed and the case dismissed, marijuana-possession infractions more than 2 years old, or convictions for which a preguilty plea drug court program has been successfully completed. A conviction will not necessarily disqualify you from employment. Each case will be decided on its own merits.*

Can you perform the essential functions of the job for which you are applying, as described in the applicable job description (found at www.scmri.org in the Employment section on website), either with or without reasonable accommodation? Yes No

If this job requires driving, provide the following information:

Driver's License Number & State	Class of License	Have you had your driver's license suspended or revoked in the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EDUCATION

School	Name and Location	Degree/Certificate/Number of Credits
High School		
College		
Trade/ Vocational/ Technical		

SPECIAL SKILLS

AMICAS <input type="checkbox"/>	Advanced MD <input type="checkbox"/>	Meditech <input type="checkbox"/>	MedQuist <input type="checkbox"/>
SYNAPSE <input type="checkbox"/>	Typing <input type="checkbox"/>	IDX <input type="checkbox"/>	Word <input type="checkbox"/>
CERNER <input type="checkbox"/>	WPM _____	IDXRad/Term <input type="checkbox"/>	Excel <input type="checkbox"/>
EPIC <input type="checkbox"/>	10-key <input type="checkbox"/>	eFilm <input type="checkbox"/>	Other <input type="checkbox"/>

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, the California Confidentiality of Medical Information Act, and to comply with the Compliance Standards required by Sharp and Children's MRI Center, LLC and its business associates. Please initial that you have been informed that your adherence with all compliance standards and programs is mandatory.

Initial: _____

PREVIOUS EMPLOYMENT EXPERIENCE

(List all previous employers, most recent first, attach second sheet if necessary)

Name and Address of Present or Last Employer			
Start Date	Leave Date	Job Title	Telephone Number
Start Pay	Final Pay	Name and Title of Supervisor	
Job Duties		Reason for Leaving	
Name and Address of Previous Employer			
Start Date	Leave Date	Job Title	Telephone Number
Start Pay	Final Pay	Name and Title of Supervisor	
Job Duties		Reason for Leaving	
Name and Address of Previous Employer			
Start Date	Leave Date	Job Title	Telephone Number
Start Pay	Final Pay	Name and Title of Supervisor	
Job Duties		Reason for Leaving	
Any additional information relative to name change, use of assumed name, or nickname used at any previous/current places of employment necessary to enable us to check your work record? If so, please provide name(s) _____			
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been fired from a job or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			

REFERENCES

List names and relevant information of three (3) references you have known at least one (1) year--not relatives/former employers.

Name	Phone Number	Profession	Yrs. Acquainted
1			
2			
3			

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 material 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 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, any time, either at my option or at the option of the Company. In addition, my position will be subject to modification at will, 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 ("BOM") or the Chief Executive Officer ("CEO") has the authority to enter into any agreement for employment for any specified period to time or to make any agreement contrary to the foregoing. Further, the BOM or CEO may not alter the at-will nature of the employment relationship unless the BOM or CEO expresses a clear intent to do so in a specific written agreement signed by both me and the BOM or CEO. This is the entire understanding with respect to the at-will nature of my employment. 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 and contingent upon successful background and drug screenings. I understand that, if I am hired, upon termination of employment, all Company property must be returned.

Signature _____ Date _____

—AUTHORIZATION AND RELEASE—

I agree, in consideration for Sharp and Children's MRI Center, LLC considering me for possible employment, that Sharp and Children's MRI Center, or its agent, Justifacts Credential Verification, Inc., may make a full investigation of my background as part of its pre-employment process.

I hereby authorize **Justifacts Credential Verification, Inc, 5250 Logan Ferry Road, Murrysville, PA 15668/1-800-356-6885**, an agent for Sharp and Children's MRI Center, LLC, to ascertain information regarding my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. I understand that this form indicates that a background search will be conducted and that this is my notification of that intent. I understand that the purpose of this background investigation is to determine my suitability for employment and may elicit information on my character, general reputation, personal characteristics, and mode of living. Additionally, you are hereby authorized to make any investigation of my personal history, educational background, professional/medical associations (nurses and technologists only), military record, motor vehicle records, federal/state registration and licensing authorities (nurses and technologists only), criminal records, and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and all subsequent reports needed as it pertains to employment.

PLEASE PRINT CLEARLY

Full Name: _____ Social Security No.: _____

Other Names Used in the Past/Dates: _____

List All Addresses (Residences and Employment) for Past 7 Years (Use back of page if necessary)

_____	Dates: _____
_____	Dates: _____
_____	Dates: _____
_____	Dates: _____
_____	Dates: _____
_____	Dates: _____
_____	Dates: _____
_____	Dates: _____

You will be contacted directly by Justifacts to obtain your date of birth. Please provide accurate contact information below.

E-mail Address: _____	Home Telephone: _____	Cell Telephone: _____
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HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No If Yes, please explain: _____

Notice to California Applicants:

(You may omit minor traffic offenses, any convictions which have been sealed, expunged or statutorily eradicated, convictions more than two years old for the following marijuana-related offenses: HS11357b&c, HS11360c, HS11364, HS11365, HS11550, and misdemeanors for which probation was completed and the case was judicially dismissed.)

Note: No applicant will be denied employment solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to the position will be considered.

SIGNATURE: _____ DATE: _____

California, Minnesota & Oklahoma Applicants Only: Please check this box if you would like a copy of the background check mailed to you. Minnesota and Oklahoma applicants will receive a copy direct from Justifacts or its designee. California applicants may receive a copy from either the prospective employer or Justifacts. **NOTICE:** Under federal law, you have the right to request disclosure of the nature and scope of our investigation by providing us with a written request within 60 days of our background investigation.

**Justifacts Credential Verification, Inc., 5250 Loan Ferry Road, Murrysville, PA 15668
1-800-356-6885**

Subscriber certifies that consumer credit information, consumer reports, as defined by the Fair Credit Reporting Act, 15 U.S.C. 1681 at seq. ("FCRA"), will be ordered only when intended to be used as a factor in establishing an applicant's eligibility for employment and that consumer credit information will be used for no other purposes. It is recognized and understood that the FCRA provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency" (such as Justifacts) "under false pretenses shall be fined not more than \$5,000 or imprisoned not more than two years or both."

Background checks are performed for Sharp and Children's MRI Center, LLC by:
Justifacts Credential Verification, Inc. 5250 Logan Ferry Road Murrysville, PA 15668 800-356-6885

Para Informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A,
600 Pennsylvania Avenue N.W., Washington, DC 20580

A Summary of Your Rights Under the Fair Credit Reporting Act

The Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to **Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Avenue N.W., Washington, DC 20580**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or any other type of consumer report to deny your application for credit, insurance, or employment--or to take adverse action against you--must tell you, and give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer-reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - ◆ A person has taken adverse action against you because of information in your credit file;
 - ◆ You are the victim of identify theft and place a fraud alert in your file;
 - ◆ Your file contains inaccurate information as the result of fraud;
 - ◆ You are on public assistance; or
 - ◆ You are employed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create credit scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information free from the mortgage lender.
- **You have a right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than ten years old.
- **Access to your file is limited.** A consumer report agency may provide information about you only to people with a valid need--usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or potential employer without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers of credit and insurance must include a toll-free number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688)
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are listed on the following page:

TYPE OF BUSINESS	CONTACT
Consumer reporting agencies, creditors, and others not listed below.	Federal Trade Commission: Consumer Response Center-- FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-822-613-6743
Federal Reserve System member banks (Except national banks and federal braches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in the federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 1-800-842-6929
Federal Credit Unions (words "Federal Credit Union" appear in the institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20591 1-800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of the Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

—AUTHORIZATION AND RELEASE TO TAKE SPECIMEN FOR DRUG TESTING—

I understand that Sharp and Children's MRI Center, LLC has a policy requiring each applicant for employment to be tested for the use or presence of drugs.

I hereby voluntarily consent to submit to drug screening or testing by Sharp and Children's MRI Center, LLC, and/or any contractor and/or agent it selects. The specimen will be tested for the presence of various drugs, including, but not limited to, barbiturates, cannabinoid metabolites (marijuana), opiates, methadone, phencyclidine (PCP), propoxphene, methaqualone, cocaine metabolites, sympathomimetic amines (amphetamines), benzodiazepines.

I understand that the specimen will be tested to determine the presence of the above-named drugs using a "Custody and Control" procedure to insure integrity of the specimen and its identification. This procedure may involve auditory monitoring of specimen collection to insure the specimen provided is authentic and unadulterated.

I understand that the results of the test will be reviewed and that Sharp and Children's MRI Center, LLC may terminate the application process and withdraw/rescind the employment offer if I do not pass the test or if there is any question of authenticity of the specimen. I further understand that this authorization and release form does not alter the at-will nature the employment relationship, assuming I pass the drug test and become employed. The at-will nature of any employment relationship may be modified only in a writing signed by both me and either the Board of Management or the chief Executive Officer.¹

I understand that, should I be hired by Sharp and Children's MRI Center, LLC, I may be subject to future substance testing, consistent with Center policy.

I understand that it is my legal right to refuse to complete a drug test. If I refuse to take a drug test, I understand that I will be disqualified for employment by Sharp and Children's MRI Center.

I herewith release Sharp and Children's MRI Center, LLC and its agents and employees from all liability or responsibility related to test administration or processing.

CONSENT TO DRUG TEST

Applicant's Signature

Date

REFUSAL TO CONSENT TO DRUG TEST

Applicant's Signature

Date

—REMARKS—

Please make any comments you feel are pertinent to you application.

In Case of Emergency Notify
Name _____

Telephone Number _____

¹The drug test will not be conducted until after a conditional offer of employment has been extended.

Offer Letter: _____

Position Offered: _____

HR Rep: _____

Salary Offered: _____

Start Date: _____

Application
Given? _____

Comments: _____

Date/Initials _____