



**CLARKSVILLE**

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**IMAGING**

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**CENTER**

**OPEN MRI • CT • ULTRASOUND**

# CLARKSVILLE IMAGING CENTER

## APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: \_\_\_\_\_ Applicant must fill out application completely and sign all designated areas

**APPLICATIONS FOR NON-LICENSED POSITIONS WILL ONLY BE ACCEPTED FOR POSITIONS WE HAVE POSTED.**

YOU MAY APPLY FOR UP TO 3 POSITIONS: 1) _____ 2) _____ 3) _____			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PRN						
			IF SEEKING PART TIME WORK SPECIFY THE NUMBER OF DAYS PER WEEK: _____						
LAST NAME		FIRST		MIDDLE		SOCIAL SECURITY NUMBER			
						_ _ _ - _ _ - _ _ _ _			
ADDRESS		CITY		STATE		ZIP CODE			
						HOME  _ _ _ - _ _ _ - _ _ _ _			
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB(S) FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO				ARE YOU 18 OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU EVER BEEN EMPLOYED BY CLARKSVILLE IMAGING CENTER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATES, POSITION AND DEPARTMENT EMPLOYED				HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE DESCRIBE THE NATURE OF THE CRIME. _____ _____					
HAVE YOU EVER APPLIED AT CLARKSVILLE IMAGING CENTER BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO    WHEN: _____									
DO YOU HAVE RELATIVES OR FRIENDS EMPLOYED AT CLARKSVILLE IMAGING CENTER? <input type="checkbox"/> YES <input type="checkbox"/> NO    NAME: _____				HOW WERE YOU REFERRED? <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> FRIENDS/RELATIVE <input type="checkbox"/> EMPLOYEE REFERRAL <input type="checkbox"/> REHIRE <input type="checkbox"/> CAREER DAY <input type="checkbox"/> OTHER _____ <input type="checkbox"/> JOB FAIR					
HOW SOON ARE YOU AVAILABLE TO BEGIN EMPLOYMENT?									
SHIFT PREFERENCE (CHECK ONE)		IF PREFERRED SHIFT IS UNAVAILABLE, WILL YOU WORK?		YES		NO			
<input type="checkbox"/> DAY		DAY		<input type="checkbox"/>		<input type="checkbox"/>			
<input type="checkbox"/> EVENING		EVENING		<input type="checkbox"/>		<input type="checkbox"/>			
<input type="checkbox"/> NIGHT		NIGHT		<input type="checkbox"/>		<input type="checkbox"/>			
				IF REQUIRED, WILL YOU WORK?		YES		NO	
				SATURDAYS		<input type="checkbox"/>		<input type="checkbox"/>	
				SUNDAYS		<input type="checkbox"/>		<input type="checkbox"/>	
				HOLIDAYS		<input type="checkbox"/>		<input type="checkbox"/>	
				ROTATING SHIFTS		<input type="checkbox"/>		<input type="checkbox"/>	

**APPLICANT - DO NOT WRITE BELOW THIS LINE • FOR HUMAN RESOURCES USE ONLY •**

START DATE: \_\_\_\_\_ POSITION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

FTE \_\_\_\_\_ STARTING HOURLY RATE \_\_\_\_\_ STATUS \_\_\_\_\_

CONTACT RECORD:

**BEGINNING WITH YOUR CURRENT OR LAST EMPLOYER, LIST THE LAST FOUR POSITIONS OF EMPLOYMENT HELD IN DATE ORDER:**

**EMPLOYMENT HISTORY**

NAME OF EMPLOYER			POSITION HELD	DATES FROM TO		HRS./WK.
ADDRESS			NAME AND TITLE OF SUPERVISOR	WHEN MAY THIS EMPLOYER BE CONTACTED? <input type="checkbox"/> NOW <input type="checkbox"/> AFTER OFFER OF EMPLOYMENT IS GIVEN		TELEPHONE NO.
CITY	STATE	ZIP	REASON FOR LEAVING	STARTING SALARY		ENDING SALARY
DUTIES						

NAME OF EMPLOYER			POSITION HELD	DATES FROM TO		HRS./WK.
ADDRESS			NAME AND TITLE OF SUPERVISOR	WHEN MAY THIS EMPLOYER BE CONTACTED? <input type="checkbox"/> NOW <input type="checkbox"/> AFTER OFFER OF EMPLOYMENT IS GIVEN		TELEPHONE NO.
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CITY	STATE	ZIP	REASON FOR LEAVING	STARTING SALARY		ENDING SALARY
DUTIES						

**EDUCATION / SKILLS**

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	YEAR OF GRAD	LIST DIPLOMA, DEGREE(S) OBTAINED
HIGH			1 2 3 4		
COLLEGE(S)			1 2 3 4		
			5 6 7 8		

LIST BUSINESS, HOSPITAL, OR INDUSTRIAL EQUIPMENT OPERATED

IF RELATED TO THE JOB YOU ARE APPLYING FOR

TYPING: APPROX. WPM

WORD PROCESSING:  YES  NO  
WHAT WORD PROCESSING SOFTWARE ARE YOU FAMILIAR WITH?

**PROFESSIONAL LICENSES AND/OR CERTIFICATIONS**

ARE YOU: CURRENTLY:  REGISTERED  LICENSED  CERTIFIED  
ELIGIBLE:  REGISTRATION  LICENSURE  CERTIFICATION

**IF LICENSED, REGISTERED OR CERTIFIED**

TYPE:	NO:	STATE ISSUED	DATE ISSUED	EXPIRATION

**REFERENCES**

PLEASE COMPLETE IF ONLY ONE OR NO EMPLOYMENT REFERENCES ARE LISTED  
THESE INCLUDE PERSONS IN ACADEMIC INSTITUTIONS, VOLUNTEER ORGANIZATIONS, ETC. (NOT FRIENDS OR RELATIVES)

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

**YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNATURE BELOW.**

Signature \_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

WE CONSIDER APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO THEIR RACE, COLOR, RELIGION, NATIONAL ORIGIN OR ANCESTRY, DISABILITY, SEX, AGE, MARITAL STATUS, OBLIGATION TO SERVE IN THE ARMED FORCES OF THE UNITED STATES, CITIZENSHIP, OR ANY OTHER LEGALLY PROTECTED STATUS.

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Contact/Interview Record: