DIAGNOSTEMPS

Radiology Staffing

Employment Application

PERSONAL

First Name ________________ Last Name ____________________________ Middle Initial _______ Maiden Name ________

Current Address: Street ___________________________ City______________ State ____________ Zip _____________

Home Phone ______________ Work Phone _________ Cell Phone___________ Pager Number _________________________

E-Mail Address ______________________________________

Permanent Address: Street _________________________ City______________ State ____________ Zip _____________

Permanent Phone ___________ Social Security Number ____________________ Date Available ________________________

How did you learn about DiagnosTemps? ❑ Ad ❑ Trade Show ❑ Internet ❑ Friend ❑ Co-Worker ❑ Other ___________________

Are you willing to relocate? ❑ Yes ❑ No Are you willing to travel? ❑ Yes ❑ No_______

MILITARY SERVICE

❑ Yes ❑ No

If YES, which branch? ______________________ Dates of Service: From ________________________ To __________________

Currently in military? ❑ Yes ❑ No

TRAINING, EDUCATION AND CERTIFICATION

RADIOLOGIC TECHNOLOGY TRAINING

Institution ____ City _________________ State _________________

Program Chairman/Director ____________________________________ Dates: From ____________ To __________________

OTHER EDUCATION

College, University or Institution ______________________________ City _________________ State ____________________

Program Chairman/Director _________________________ Dates: From __________ To ___________ Date of Graduation _________

ADDITIONAL TRAINING

Institution ____ City _________________ State ____________________

Program Chairman/Director ____ Date of Graduation _________

Institution ____ City _________________ State ____________________

Program Chairman/Director ____ Date of Graduation _________

CERTIFICATION

Please check all modalities in which you are certified by the ARRT, ARDMS, CNMT, and/or RDCS

❑ Radiologic Technology Certificate # _______________ Expiration Date ____________________
❑ Mammography
❑ CT
❑ NM
❑ MRI
❑ RDMS Certificate # _______________ Expiration Date ____________________
❑ RVT Certificate # _______________ Expiration Date ____________________
❑ CNMT Certificate # _______________ Expiration Date ____________________
❑ ECHO Certificate # _______________ Expiration Date ____________________

LICENSURE and MEMBERSHIPS *(Include photocopies of all licenses held)*

List all states in which you have been or are currently licensed.

State ____________ #________________________ Current : ❑ Yes ❑ No

State ____________ #________________________ Current : ❑ Yes ❑ No

State ____________ #________________________ Current : ❑ Yes ❑ No

State ____________ #________________________ Current : ❑ Yes ❑ No

State ____________ #________________________ Current : ❑ Yes ❑ No

State ____________ #________________________ Current : ❑ Yes ❑ No

MEMBERSHIP IN PROFESSIONAL SOCIETIES *Please list all societies in which you are a active member.*

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HAVE ANY OF THESE BEEN OR ARE ANY CURRENTLY IN THE PROCESS OF BEING DENIED, REVOKED, SUSPENDED, REDUCED, LIMITED, PLACED ON PROBATION, OR PLACED UNDER OTHER DISCIPLINARY ACTION?

National Certification: ❑ Yes ❑ No

Medical license in any state : ❑ Yes ❑ No

Fellowship/Board of Certification : ❑ Yes ❑ No

Clinical privileges: ❑ Yes ❑ No

Professional society membership: ❑ Yes ❑ No

Any other type of professional sanction: ❑ Yes ❑ No

To your knowledge, have you ever been the subject of an investigation by any private, federal or state agency concerning your participation in any private, federal or state health insurance program? ❑ Yes ❑ No

Have you ever been convicted of a felony? ❑ Yes ❑ No

EMPLOYMENT HISTORY

List present and previous employers in chronological order for last 10 years. State any reasons for periods of inactivity, if applicable. Continue on next page, if required.

Previous Employer____ Telephone ________________________

Address____ City ____________ State______________

Position Held ________________________ Starting Salary ______________ Ending Salary ______________

Nature of Duties (explain fully) ____

____

Immediate Supervisor ________________________ Telephone __________ May we contact this employer? ❑ Yes ❑ No

Employed from: Month __________ Year ______________ Employed to: Month ____________ Year ______________

Reason for leaving____

Previous Employer____ Telephone ________________________

Address____ City ____________ State______________

Position Held ________________________ Starting Salary ______________ Ending Salary ______________

Nature of Duties (explain fully) ____

____

Immediate Supervisor ________________________ Telephone __________ May we contact this employer? ❑ Yes ❑ No

Employed from: Month __________ Year ______________ Employed to: Month ____________ Year ______________

Reason for leaving____

EMPLOYMENT HISTORY *(Continued)*

Previous Employer ______________________ Telephone ______________________

Address ______________________ City ____________ State ____________

Position Held ______________________ Starting Salary ____________ Ending Salary ____________

Nature of Duties (explain fully) ______________________

____

Immediate Supervisor ______________________ Telephone ____________ May we contact this employer? ❑ Yes ❑ No

Employed from: Month ____________ Year ____________ Employed to: Month ____________ Year ____________

Reason for leaving ______________________

Previous Employer ______________________ Telephone ______________________

Address ______________________ City ____________ State ____________

Position Held ______________________ Starting Salary ____________ Ending Salary ____________

Nature of Duties (explain fully) ______________________

____

Immediate Supervisor ______________________ Telephone ____________ May we contact this employer? ❑ Yes ❑ No

Employed from: Month ____________ Year ____________ Employed to: Month ____________ Year ____________

Reason for leaving ______________________

Previous Employer ______________________ Telephone ______________________

Address ______________________ City ____________ State ____________

Position Held ______________________ Starting Salary ____________ Ending Salary ____________

Nature of Duties (explain fully) ______________________

____

Immediate Supervisor ______________________ Telephone ____________ May we contact this employer? ❑ Yes ❑ No

Employed from: Month ____________ Year ____________ Employed to: Month ____________ Year ____________

Reason for leaving ______________________

PROFESSIONAL REFERENCES

Please list all professional references. They must be able to assess your professional skills and capabilities. These are kept in confidence and will not be contacted without your prior approval. Please include at least one reference from the facility where you most recently worked.

Name ______________________ Facility ______________________ Work Phone ____________

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Name ______________________ Facility ______________________ Work Phone ____________

Name ______________________ Facility ______________________ Work Phone ____________

EMERGENCY CONTACT INFORMATION

Name ______________________ Telephone ______________________

Address ______________________ City ____________ State ____________

Relation ____________ Physician ______________________

DiagnosTemps is an at-will employer. Therefore, neither DiagnosTemps nor the team member is bound by an employment contract or a commitment of employment for a definite period of time, and the rights of either party to terminate the employment relationship are not limited. The acceptance of this application does not constitute a contract of employment and no representative of DiagnosTemps, other than the President, has authority to enter into any agreement for employment for any specific period of time or to make any agreement to the contrary. Therefore, any offer of employment made by DiagnosTemps may be terminated, with or without notice, without any obligation or liability other than payment of wages at the agreed rate, for services actually rendered, if any.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorized DiagnosTemps to investigate any and all matters contained in this application and make any inquiries into job-related areas. I hereby authorize all hospitals, medical institutions or organizations, personal references, physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release state licensing boards/ DiagnosTemps any information, files or records required by that particular board/DiagnosTemps for its evaluation of my professional, ethical, and physical qualifications for licensure. In the event of employment I understand that false or misleading information may result in termination. Furthermore, I understand that I am to abide by all policies and procedures of DiagnosTemps.

Signature of Applicant ____ Date ________________

Interviewed by ____ Date ________________