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.*

_____

_____

_____

_____

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 __________

Name __________ Facility __________ Work Phone __________

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 _____