



Delta Radiology Medical Group, Inc.

1121 W. Vine St., Suite 16
Lodi, California 95240
Telephone (209) 334-4416
Fax (209) 371-0119

Position Applying For: _____ Date: _____

An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address

No. & Street City State Zip Code

Permanent Address (if different from present address)

No. & Street City State Zip Code

Business Phone Home Phone

Employment Desired

Are you applying for:

- Regular full-time work?..... Yes No
- Regular Part-time work?..... Yes No
- Temporary work, e.g., summer or holiday work?..... Yes No

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available for work on weekends?..... Yes No

Would you be available to work overtime, if necessary?..... Yes No

If hired, what date can you start work? _____

Salary desired: _____

Personal Information

Have you ever applied to or worked for Delta Radiology Medical Group, Inc. before? Yes No

If yes, when? _____

Do you have any friends or relatives working for Delta Radiology Medical Group, Inc.? Yes No

If yes, state name(s) and relationships:

Name

Relationship

Name

Relationship

Why are you applying for work at Delta Radiology Medical Group, Inc.?

If hired, would you have a reliable means of transportation to and from work?..... Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed?..... Yes No

If so, may we contact your current employer?..... Yes No

Education, Training, and Experience

| School | Name and Address | No. of Years Completed | Did you Graduate? | Degree or Diploma |
|----------------------|----------------------------------------------------------------------|------------------------|----------------------------------------------------------|-------------------|
| High School | Name _____ Address _____ City _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| College/ University | Name _____ Address _____ City _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Vocational/ Business | Name _____ Address _____ City _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Health Care Training | Name _____ Address _____ City _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

Option: Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages?..... Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at Delta Radiology Medical Group, Inc.? Yes No

If so, please explain:

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for?..... Yes No

Name of license/certification: _____ Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended?..... Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer Phone Number

Type of Business Your Supervisor's Name

Address & Street City State Zip Code

Dates of Employment: _____
From To Hourly Rate
 Annual Salary Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Name of Employer Phone Number

Type of Business Your Supervisor's Name

Address & Street City State Zip Code

Dates of Employment: _____
From To Hourly Rate
 Annual Salary Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Employment History, continued

Name of Employer

Phone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment:

From

To

Hourly Rate

Annual Salary

Starting

Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?.....

Yes No

Name of Employer

Phone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment:

From

To

Hourly Rate

Annual Salary

Starting

Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?.....

Yes No

Name of Employer

Phone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment:

From

To

Hourly Rate

Annual Salary

Starting

Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?.....

Yes No

Military Service

Have you obtained any special skills or abilities as the result of service in the military?

Yes No

If so, describe:

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

| | | | | | |
|---------------------------|--|----------------------------------|---------------|-----------------------|-------------------|
| _____ First Name | | _____ Last Name | | _____ Phone Number | |
| _____ Address & Street | | | _____ City | _____ State | _____ Zip Code |
| _____ Occupation | | _____ No. of Years Acquainted | | | |

| | | | | | |
|---------------------------|--|----------------------------------|---------------|-----------------------|-------------------|
| _____ First Name | | _____ Last Name | | _____ Phone Number | |
| _____ Address & Street | | | _____ City | _____ State | _____ Zip Code |
| _____ Occupation | | _____ No. of Years Acquainted | | | |

| | | | | | |
|---------------------------|--|----------------------------------|---------------|-----------------------|-------------------|
| _____ First Name | | _____ Last Name | | _____ Phone Number | |
| _____ Address & Street | | | _____ City | _____ State | _____ Zip Code |
| _____ Occupation | | _____ No. of Years Acquainted | | | |

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize Delta Radiology Medical Group, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's Signature