

Employment Application

Instructions: Each question should be fully and accurately answered. No actions can be taken on this application until all questions have been answered. This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination due to sex, marital status, race, age, creed, national origin or the presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. Use blank paper if you do not have enough room on this application. Please print, except for signature at end of application.

Information on this application will be verified

APPLICANT INFORMATION					
Last Name	First	M.I.		Date	
Mailing Address			Apartment/Unit #		
City	State		ZIP		
Physical Address			Apartment/Unit #		
City	State		ZIP		
Phone			E-mail Address		
Date Available	DOB		Social Security Number		
Driver License #	State of License		Name as it Appears on License		
Position Applied for					
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO
Have you ever worked for Imaging Associates of Providence?	YES	NO	If so, when?		
Have you ever applied here before?	YES	NO	If yes, date(s)?		
Are you over 18 years of age?	YES	NO			
Do you have a relative or friend working at IAP?	YES	NO	If so, who?		
Have you been convicted or served time for a felony in the past 7 years?	YES	NO	If yes, explain:		
**Note: A conviction record will not necessarily be a bar to employment					
Emergency Contact Name/Relationship					
Address					
Phone Number					

EDUCATION AND SKILLS					
High School			City, State		
From	To	Did you graduate?	YES	NO	GED Cert #
College			City, State		
From	To	Did you graduate?	YES	NO	Degree
Other			Address		
From	To	Did you graduate?	Degree		
Was education or training received under another name?		YES	NO	If so please provide:	
Are you an experienced operator of any business machines/equipment? If yes, please list?					
Special qualifications?					
How many WPM do you type?					
List special language skills here:					

Instructions: The Work History must be accurate and complete or your application will be subject to rejection. List your entire work history in order starting with your present or last job. Account for all periods of time including military service and any periods of unemployment. List each promotion as a separate job. Be thorough and specific in explaining your duties. Contact may be made with the employers listed below to discuss details of your employment(s) unless you specifically state that no such contact should be made. The correct telephone numbers of past employers are crucial.

WORK HISTORY

Company		Phone		Email:	
Address			Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES		NO	
Company		Phone		Email:	
Address			Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES		NO	

Company		Phone		Email:	
Address			Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES		NO	
Company		Phone		Email:	
Address			Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES		NO	

Company		Phone		Email:	
Address			Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES		NO	

Give information not covered elsewhere, which relates to your qualifications or eligibility for this position. Job related volunteer experience. Organization name, supervisor name and phone number, and hours worked per year.

Is there any additional information relative to change of name, assumed name, nickname, or maiden name necessary to enable us to check your work and/or academic record?	YES	NO	If yes, explain:
Have you ever used any names or social security numbers other than those already provided in this application?	YES	NO	If yes, explain:

Were you every discharged or asked to resign from any position? If so, please explain:

Volunteer Information:

REFERENCES			
<p>Give names and addresses of at least two supervisors or managers who are well acquainted with you and have knowledge of your qualifications for the position for which you are applying. Do not list relatives or repeat the names of supervisors listed under "Work History". The remainder of this section can include co-workers or others familiar with your work ability.</p>			
Full Name		Relationship	
Company	Phone	Email:	
Address			
Full Name		Relationship	
Company	Phone	Email:	
Address			
Full Name		Relationship	
Company	Phone	Email:	
Address			
MILITARY SERVICE			
Branch	From	To	
Rank at Discharge		Type of Discharge	
If other than honorable, explain			
DISCLAIMER AND SIGNATURE			
<p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>			
Signature			
Date			