

AN EQUAL OPPORTUNITY EMPLOYER

## Application For Employment

Federal and state law prohibits discrimination against various protected classes. It is the policy of SDMI to conform to the law and to make employment decisions without regard to race, creed, color, national origins, sex, age, religion, veteran status, disability, or marital status.

**(Please Print)**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 (Last) (First) (Middle)

Address: \_\_\_\_\_  
 (Street, City, State and Zip Code)

Telephone: (check which preferred)  Home: \_\_\_\_\_  
 Business: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Full Time / Part Time (circle one)

Date Available: \_\_\_\_\_ Rate of Pay Expected: \_\_\_\_\_

Referral Source:  Employment Agency  Newspaper Ad  Walk-in Application  
 School / College  Employee Referral  Other: \_\_\_\_\_

Are you currently employed?  Yes  No

Are you currently on layoff status or subject to recall?  Yes  No

Have you ever applied for a position with us?  Yes  No If yes, when? \_\_\_\_\_

Have you ever been employed by us?  Yes  No If yes, when and under what name? \_\_\_\_\_

Please list any relatives currently employed by us: \_\_\_\_\_

### EDUCATIONAL DATA

School	Print Name, Number and Street, City, State and Zip Code for each school listing	No. of Yrs Completed	Degree	Major Course of Study
High School				
College				
Graduate				
Other: (Trade, Business, Vocational, Etc.)				

## EMPLOYMENT HISTORY

In the following spaces give a complete record of your employment including periods of unemployment, attending school, military service, if any. Begin with your most recent employment and work back 10 years. If additional space is needed, complete the attached "Supplementary Employment History Sheet".

1.	Employer		Employed		Starting Position	
	Address		From _____ Mo/Yr		Last Position	
	Telephone		To _____ Mo/Yr		Other Positions Held	
	Starting Salary	Final Salary	Immediate Supervisor			
	Duties					
	Reason for Leaving: Check one: <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation Explain:					
2.	Employer		Employed		Starting Position	
	Address		From _____ Mo/Yr		Last Position	
	Telephone		To _____ Mo/Yr		Other Positions Held	
	Starting Salary	Final Salary	Immediate Supervisor			
	Duties					
	Reason for Leaving: Check one: <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation Explain:					
3.	Employer		Employed		Starting Position	
	Address		From _____ Mo/Yr		Last Position	
	Telephone		To _____ Mo/Yr		Other Positions Held	
	Starting Salary	Final Salary	Immediate Supervisor			
	Duties					
	Reason for Leaving: Check one: <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation Explain:					

## ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

May we contact your present employer?  Yes  No      Previous employers?  Yes  No

Please identify any exceptions and reasons for not contacting: \_\_\_\_\_

In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used?  Yes  No      If "yes", identify name(s) and relevant dates: \_\_\_\_\_

Have you ever been dismissed or forced to resign from any employment?  Yes  No      If "yes", please explain: \_\_\_\_\_

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

**AREAS OF NOTABLE SKILL (CHECK APPROPRIATE AREAS)**

- File Room                       Special Procedures                       X-Ray                       Billing / Collections
- Maintenance                       MRI                       Mammography                       Nuclear Medicine
- Housekeeping                       CT                       Courier                       Ultrasound
- Front Desk Admitting                       Nursing                       Medical Transcription                       Receptionist
- Scheduling                       Other \_\_\_\_\_

**ADDITIONAL SKILLS**

Word Processing Software:

Spreadsheet Software:

Other Software:

Are there any other experiences, professional licensures, skills or abilities that you feel especially qualify you for work with SDMI?


**GENERAL INFORMATION**

If employment is offered, can you submit in accordance with the Immigration Reform and Control Act of 1986 a birth certificate, social security card, certificate of U.S. citizenship or verification of your legal right to work in the U.S.?     Yes     No

Are you over 18 years of age?     Yes     No

Have you been convicted of a crime (other than minor traffic violations) or are you awaiting trial for a crime?  Yes     No (an affirmative response will not automatically disqualify you from being considered as a candidate for employment.) If "yes", please explain \_\_\_\_\_

Are you available to work any shift?     Yes     No                      Any day of the week?     Yes     No

Are you willing to work overtime as required?     Yes     No

Do you have a valid drivers license?     Yes     No                      License Number and State issued: \_\_\_\_\_

**WORK RELATED REFERENCES**

Name	Occupation	Telephone
1		
2		
3		

**FOR OFFICE USE ONLY**

INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_


Accepted

Not Accepted

## Certification and Agreement

### Read Carefully Before Signing

I understand and agree that:

1. Any misrepresentation or omission of facts in my application or attachments to my applications may result in refusal of employment or if employed, termination from employment.
2. It is my understanding that SDMI will make a thorough investigation of my work, educational and personal history and may verify all data given in my application, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by SDMI, and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of their investigation may result in refusal of employment, or if employed, termination from employment.
3. I understand and agree that any person authorized by SDMI can at any time request that I submit to a search of my person, purses, packages in my possession, or any locker, desk or files that may be assigned to me. I understand that my refusal to submit to such a search may result in termination. I hereby waive all claims for damages resulting from such examination.
4. I understand and agree that I may be required to take a physical examination, blood, urine, or hair test at SDMI expense, at any time to determine if I am alcohol or drug free and physically fit for the job I am responsible to perform. Failure to submit to such testing may result in termination. I authorize any physician, including my personal physician, to release any information to SDMI which may be necessary to determine my ability to perform my assigned duties.
5. SDMI may request an investigative consumer report, including information on my character, general reputation, personal characteristics and mode of living, if applicable, pursuant to the Fair Credit Reporting Act. I have the right to request in writing disclosures of the nature and scope of the investigative consumer report requested by SDMI.
6. In consideration of my employment and the disclosure to me of confidential information, I agree to treat Confidential Information in confidence and to undertake the following obligations with respect thereto:
  - a) to use and disclose Confidential Information solely for the purpose of rendering services to SDMI that may be requested from time to time by SDMI.
  - b) not to use or disclose Confidential Information to any person or entity not approved by the officers of SDMI and
  - c) to return Confidential Information, including all copies and records thereof, to SDMI upon the earlier of the request by SDMI on such return or the termination of my services for any reason whatsoever.
7. I further understand that SDMI can change wages, benefits and/or working conditions at any time and that I may be required to work overtime and weekends.
8. **I understand that SDMI may, from time-to-time, establish rules, regulations, policies and/or disciplinary procedures, some of which may be reduced to writing. In consideration of my employment I agree to conform to all applicable rules, regulations, policies and/or disciplinary procedures of SDMI and/or any department thereof. I understand that those rules, regulations, policies, and/or disciplinary procedures are not intended by SDMI to create obligation of continued employment.**
9. **I understand that this document is an application for employment and continued employment is not offered. I hereby understand and agree that my employment, both during and after my ninety (90) day orientation period, is for an indefinite period and that nothing in this application or any other company document shall be deemed to create any contract of continued employment between me and SDMI. I further understand that my employment can be terminated at will at any time by myself or the company for any or no cause. I understand that employment beyond my ninety (90) day orientation period or employment for a number of years shall not result in any heightened expectation of continued employment. I understand and agree that any statements to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me. I further understand that no representative of SDMI has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing except in a written document signed by Dr. David L. Steinberg.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**SUPPLEMENTARY EMPLOYMENT HISTORY SHEET**

In the following spaces give a complete record of your employment including periods of unemployment, attending school, military service, if any, during the last 10 years.

1.	Employer		Employed	Starting Position
	Address		From _____ Mo/Yr	Last Position
	Telephone		To _____ Mo/Yr	Other Positions Held
	Starting Salary	Final Salary	Immediate Supervisor	
	Duties			
	Reason for Leaving: Check one: <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation Explain:			
2.	Employer		Employed	Starting Position
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	Duties			
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	Starting Salary	Final Salary	Immediate Supervisor	
	Duties			
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