

Salem Radiology Consultants, P.C.

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

This portion of the application must be completed even if a resume is submitted. Starting with the most recent employer, list full and part-time jobs, summer or volunteer work during the last 10 years. Include periods of military service, self-employment and unemployment. Please leave no unexplained gaps. Attach separate sheets if necessary.

1	Last or Present Employer	Telephone ()
	Address	Employed (Month and Year) From
	Supervisor's Name and Title	Earnings Start Last
	State Job Title and Describe your work	Reason for Leaving
2	Last or Present Employer	Telephone ()
	Address	Employed (Month and Year) From
	Supervisor's Name and Title	Earnings Start Last
	State Job Title and Describe your work	Reason for Leaving
3	Last or Present Employer	Telephone ()
	Address	Employed (Month and Year) From
	Supervisor's Name and Title	Earnings Start Last
	State Job Title and Describe your work	Reason for Leaving
We may contact the employers listed above unless you indicate those you do not want us to contact.		Do Not Contact Employer Number(s): _____ Reason: _____

ABILITIES

<p>Please review the attached job description for this job. Can you perform all of the essential functions of the job with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No.</p> <p>If your answer is "No," please describe the essential function(s) that you are not able to perform even with a reasonable accommodation: _____</p> <p>_____</p>
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REFERENCES

Name			Employer/Position	Business Address	Phone Number
First	M.I.	Last			
1					
2					
3					

APPLICANT ACKNOWLEDGEMENTS & AGREEMENTS

Only an Application: The acceptance of this application shall not be construed as an offer of employment, nor shall it entitle the applicant to any benefit from the Company except that the Company may, in its sole discretion, review the application for the consideration of filling positions that are open at the time and date of application. This application will be kept in the Company's active files only until the position for which it was submitted is filled. If the applicant is not hired, the applicant must complete a new application to be considered for later employment.

Work Rules: In the event I become employed by Salem Radiology Consultants, PC, I agree to comply with all of its policies, procedures, rules and regulations, whether or not in writing.

Drug/Alcohol Test: I understand that Salem Radiology Consultants, PC, reserves the right to require me to submit to a test for the presence of drugs or alcohol in my system prior to, and at any time during, employment to the extent permitted by law. I further understand that any offer, or continuation, of employment may be contingent upon the successful passing of a drug and alcohol test. I consent to the disclosure of the results of any such tests to Salem Radiology Consultants, PC. I understand that should I decline to sign this consent or decline to take any test required by the Company, my application for employment may be rejected or my employment may be terminated.

Background Investigation: I understand that the Company's consideration of my application may include an investigation of the information I have provided on this application, and that the Company may request from a consumer reporting agency an investigative consumer report including information as to my criminal background, credit records, character, general reputation and personal characteristics. Witten authorization to release this information will be required before the Company will consider your application for employment. I understand that should I decline to consent to the provision of such information to the Company, my application for employment may be rejected or my employment may be terminated.

At Will Employment: If hired, I further acknowledge that any employment with the Company is not for a definite period and that such employment, if offered, may be terminated at any time and for any reason whatsoever, with or without good cause or notice, at the option of Salem Radiology Consultants, PC, or me. I further acknowledge that the Company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. I further understand that no representative or agent of the Company, other than a shareholder, has the authority to enter into any agreement contrary to the foregoing, and that any such agreement must be in writing and signed by a shareholder to be enforceable

Certification of Accuracy: I hereby certify that all the information that I have provided on this application or any other document filled out or provided in connection with my employment or application for employment is complete and accurate. I have withheld no information that would, if disclosed, be reasonably expected to adversely affect my application for, or continuation of, employment. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be discharged.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE FULLY READ AND UNDERSTOOD ALL OF THE FOREGOING TERMS

Signature: _____ Date: _____

Thank you for completing this application and your interest in Salem Radiology Consultants, PC.