



THE AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS® EMPLOYMENT APPLICATION

The ARRT is an equal opportunity employer and will not discriminate in the hiring process on the basis of sex, religion, race, color, age, disability, sexual orientation, marital or veteran status, national origin, genetic information, or any other protected status.

PERSONAL INFORMATION

Date:

Applicant Name:

Present Address:

Telephone Number:

Permanent Address (If different from above):

Are you authorized to work in the U.S.? Yes No

POSITION DESIRED

Position:

Date you can start:

Have you previously worked for this company?

If so, From:

To:

Reason for leaving:

How did you learn about this opening?

EDUCATION

High School:

Graduated?

Yes No

College/University:

Graduated?

Yes No

Course of Study:

Postgraduate School:

Graduated?

Yes No

Course of Study:

Other education or training:

Other special skills:

Please list any job related professional organizations to which you belong:

MILITARY EXPERIENCE

Branch of Service:	Dates Served:	Rank at Discharge:
Education and Training:		

WORK EXPERIENCE

Please list all previous employment, for the last 10 years, beginning with the most recent. If you need more space, you may attach another sheet of paper. Include periods of unemployment.
Incomplete information could disqualify you from further consideration

Employer:	Address:
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From: To:	Position Held:	Reason for leaving:
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Superior's Name and Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Description of Duties:

Starting Salary:	Final Salary:
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Employer:	Address:
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From: To:	Position Held:	Reason for leaving:
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Superior's Name and Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Description of Duties:

Starting Salary:	Final Salary:
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Employer:	Address:
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From: To:	Position Held:	Reason for leaving:
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Superior's Name and Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Description of Duties:

Starting Salary:	Final Salary:
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REFERENCES Please list three references other than relatives. Do not list more than one co-worker

<p>Name:</p> <p>Title:</p> <p>Company:</p> <p>Address:</p> <p>Phone No:</p> <p><input type="checkbox"/> Business <input type="checkbox"/> Personal</p>	<p>Name:</p> <p>Title:</p> <p>Company:</p> <p>Address:</p> <p>Phone No:</p> <p><input type="checkbox"/> Business <input type="checkbox"/> Personal</p>	<p>Name:</p> <p>Title:</p> <p>Company:</p> <p>Address:</p> <p>Phone No:</p> <p><input type="checkbox"/> Business <input type="checkbox"/> Personal</p>
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AUTHORIZATION AND ACKNOWLEDGEMENTS

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal.

I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these reference might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.

I understand and agree that the company may obtain or have prepared a consumer/investigative consumer report concerning my prior employment, military record, education, credit worthiness, or credit standing, credit capacity, character, general reputation, personal characteristics, or criminal background. By signing below, I authorize the company to obtain such a report.

I understand and agree that I may be asked to submit to pre-employment test upon a conditional offer of employment.

I understand and agree that, if hired, all employees of the American Registry of Radiologic Technologists are employed on an at will basis. At-will employment means that either the Company or the employee can terminate the employment relationship at any time, with or without prior notice, for any reason not otherwise prohibited by law. Any representation to the contrary is not binding on the Company unless it is in writing and is signed by an authorized representative of the Company.

If employed, I will abide by the organization's rules and procedures.

Applicant Signature:

Date: