

Application for Employment

An equal opportunity and affirmative action employer



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DATE

POSITION APPLIED FOR

Please type or print legibly so information may be read easily. Be certain that ALL fields are filled out completely and signed. Use the abbreviation "N/A" if a field is not applicable to you.

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ M.I.: _____ MAIDEN: _____

PERMANENT ADDRESS: _____

City: _____ State: _____ ZIP: _____

Phone: (____) ____-____ E-mail _____

SSN: _____ Drivers License Number & State: _____

EMPLOYMENT INTEREST

POSITION DESIRED / AREA OF SPECIALTY: _____

SALARY DESIRED / HOURLY: _____ DATE AVAILABLE: ____/____/____

HAVE YOU WORKED FOR RTG MEDICAL BEFORE? YES NO

IF SO, WHEN? ____/____/____ TO ____/____/____

AVAILABILITY? FULL TIME PART TIME

HOW WERE YOU REFERRED TO RTG? RTG WEB SITE ADVERTISEMENT NEWS STORY SELF
AGENCY OTHER EMPLOYEE REFERRAL _____
NAME

EDUCATION AND TRAINING

INDICATE HIGHEST LEVEL COMPLETED HIGH SCHOOL TECHNICAL/VOCATIONAL SCHOOL COLLEGE (4-YEAR DEGREE) GRADUATE SCHOOL

NAME OF INSTITUTION:		LOCATION OF SCHOOL:		STATE:
COURSE OF STUDY:	DID YOU GRADUATE:	DEGREE ACQUIRED:	DATE COMPLETED:	

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Application for Employment (continued)



LICENSURE / CERTIFICATIONS HELD / AREAS OF SPECIALTY

STATE LICENSES

STATE LICENSED IN	LICENSE #	EXP. DATE
STATE LICENSED IN	LICENSE #	EXP. DATE

STATE LICENSED IN	LICENSE #	EXP. DATE
STATE LICENSED IN	LICENSE #	EXP. DATE

CERTIFICATIONS

NAME OF CERTIFICATION	NAME OF CERTIFICATION
NAME OF CERTIFICATION	NAME OF CERTIFICATION

NAME OF CERTIFICATION	NAME OF CERTIFICATION
NAME OF CERTIFICATION	NAME OF CERTIFICATION

EMPLOYMENT HISTORY

List past employment with the most recent employment first. **You must complete this section**

FACILITY / COMPANY NAME		STREET ADDRESS		CITY	STATE	ZIP CODE
DATES OF EMPLOYMENT	DEPARTMENT	SUPERVISOR'S NAME & TITLE	PHONE NUMBER	REASON FOR LEAVING / LOOKING TO LEAVE		

MAY WE CONTACT THIS EMPLOYER? YES NO

FACILITY / COMPANY NAME		STREET ADDRESS		CITY	STATE	ZIP CODE
DATES OF EMPLOYMENT	DEPARTMENT	SUPERVISOR'S NAME & TITLE	PHONE NUMBER	REASON FOR LEAVING / LOOKING TO LEAVE		

MAY WE CONTACT THIS EMPLOYER? YES NO

FACILITY / COMPANY NAME		STREET ADDRESS		CITY	STATE	ZIP CODE
DATES OF EMPLOYMENT	DEPARTMENT	SUPERVISOR'S NAME & TITLE	PHONE NUMBER	REASON FOR LEAVING / LOOKING TO LEAVE		

MAY WE CONTACT THIS EMPLOYER? YES NO

FACILITY / COMPANY NAME		STREET ADDRESS		CITY	STATE	ZIP CODE
DATES OF EMPLOYMENT	DEPARTMENT	SUPERVISOR'S NAME & TITLE	PHONE NUMBER	REASON FOR LEAVING / LOOKING TO LEAVE		

MAY WE CONTACT THIS EMPLOYER? YES NO

PROFESSIONAL REFERENCES

Please list at least One present or former Manager

NAME	FACILITY / COMPANY	RELATIONSHIP	PHONE NUMBER	E-MAIL
NAME	FACILITY / COMPANY	RELATIONSHIP	PHONE NUMBER	E-MAIL
NAME	FACILITY / COMPANY	RELATIONSHIP	PHONE NUMBER	E-MAIL

Application for Employment (continued)



ADDITIONAL INFORMATION

Are you able to provide documents showing you are authorized to work in the U.S.?	Yes	No
Has your professional license or certification ever been suspended or investigated?	Yes	No
Are you willing to work overtime and/or weekends (if necessary)?	Yes	No
Have you ever been convicted of a felony?	Yes	No

If yes, give date, place, offense and outcome (*Previous convictions do not necessarily disqualify you for employment.*)

You may also send the information listed below by e-mail to info@rtgmedical.com or by fax to 877-550-6600 to be proactive. This information is not required before you are accepted for a position but will be required once accepted.

Copy of documents that establish identity and employment eligibility such as Drivers License, Passport, and / or Social Security Card (for a complete list of acceptable documents see Form I-9)

Photocopy of Certifications (Cards or Certificates)

Photocopy of Appropriate State Licenses

Photocopy of CPR Card

Photocopy of Immunization Records (MMR, TB, Hep B, Varicella, Tetanus / Diphtheria)

Completed "All Forms Package" (downloadable at <http://www.rtgmedical.com/resources.aspx>)

READ CAREFULLY AND SIGN

I certify that the information contained in this application is correct to the best of my knowledge and belief, and I understand that any misstatement of information is grounds for ending the hiring process or dismissal. I authorize verification of information provided on this application and authorize the references listed above to give you all pertinent information concerning my previous employment. Additionally, I release all parties from all liability for any damage that may result from furnishing same to RTG Medical. RTG Medical is also authorized to release information in support of my application (application, references, background search results, etc.) to their client institutions and to appropriate governmental or licensing entities. I understand that RTG Medical and/or certain states and/or Client institutions may require criminal background checks, and I consent to such checks. Prior to conducting any background checks that qualify as consumer or investigative consumer reports, I will be provided, and will return, separate disclosure and acknowledgement forms as required by RTG Medical. Finally, I understand that no representative of the company other than an Executive Officer has the authority to enter into any agreement for employment for any specified period or time or to otherwise alter the foregoing.

SIGNATURE OF APPLICANT: _____

DATE: ____/____/____

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