

[IMPORTANT]

All parts of this application must be completed, even if the information is repeated or is covered in your resume.
If any sections are incomplete, we **cannot** process your application.

Please include the following items with your completed application.

- | | |
|--|---|
| 1. Copy of professional Board Certification Card. | 5. If you are not a U.S. citizen, a copy of your Green Card. |
| 2. Copy of any State Professional Licenses. | 6. Proof of recent Rubella vaccination and PPD screening or recent chest Xray report. |
| 3. Copy of recent CPR certification | 7. Enclose or fax 2 letters of professional reference. |
| 4. Copy of your Social Security Card <i>and</i> valid State Driver's <i>and</i> Automobile Insurance Card. | |

[PLEASE PRINT OR TYPE ALL INFORMATION ON ALL PAGES]

<i>name</i>		<i>telephone</i>	
<i>street address</i>		<i>state</i>	<i>zip</i>
<i>county</i>	<i>referred by</i>		
<i>social security #</i>	<i>date of birth (required for radiation monitor badge)</i>		

[IN CASE OF EMERGENCY NOTIFICATION]

<i>name</i>	<i>telephone</i>	<i>relationship</i>
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[MODALITIES - WITH 1+ YEARS EXPERIENCE ONLY]

<input type="checkbox"/> General Radiography	<input type="checkbox"/> Radiology (all modalities)	<input type="checkbox"/> Phlebotomist
<input type="checkbox"/> Spec. Prod. (specify)	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Medical Laboratory Technician
<input type="checkbox"/> MRI	<input type="checkbox"/> Radiation Therapy	<input type="checkbox"/> Medical Technologist
<input type="checkbox"/> CT	<input type="checkbox"/> Dosimetry	<input type="checkbox"/> Nursing

Is there any existing physical disability that would prevent you from performing fully the duties of the job for which you are applying? YES NO
If yes please explain:

Do you hold a valid driver's license? YES NO
If yes, in what state?

Are your driving privileges revoked or suspended in any state(s)? YES NO
If yes, in what state(s)?

Have you ever been convicted of a crime? If yes, please provide appropriate details. A conviction alone will not be a bar to employment. YES NO

Do you hold a major credit card? YES NO

Do you have any credit problems? If yes, please explain. YES NO

[CLINICAL EXPERIENCE]

<i>name of employer</i>	<i>hourly salary</i>
<i>street address</i>	<i>telephone</i>
<i>city</i>	<i>state</i> <i>zip</i>
<i>name of supervisor</i>	<i>your position</i> <i>dates of employment</i>
<i>reason for leaving</i>	Permission to contact the above employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

<i>name of employer</i>	<i>hourly salary</i>
<i>street address</i>	<i>telephone</i>
<i>city</i>	<i>state</i> <i>zip</i>
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<i>city</i>	<i>state</i> <i>zip</i>
<i>name of supervisor</i>	<i>your position</i> <i>dates of employment</i>
<i>reason for leaving</i>	Permission to contact the above employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

[HEPATITIS B VACCINE VERIFICATION]

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I was vaccinated for Hepatitis B (HBV) in the past (receiving all three vaccines). The date of my last vaccination was _____ and upon request I will provide all records Hepatitis B vaccinations.

<i>printed name</i>	<i>signature</i>	<i>date</i>
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[HEPATITIS B VACCINE DECLINATION]

It is fully my choice to decline this vaccine, and I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I choose to be vaccinated for Hepatitis B, I will pursue the vaccination series.

<i>printed name</i>	<i>signature</i>	<i>date</i>
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I hereby certify that the information on this form is true and understand that misrepresentation of facts is cause for discharge. I authorize STAT Staffing Solutions to contact my former employers and personal references and release the agency from any and all liability resulting from such investigation. I further understand that acceptance of this application is no guarantee of employment.

<i>signature</i>	<i>date</i>
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[PLEASE PRINT OR TYPE ALL INFORMATION]

name

telephone

[PROFESSIONAL EDUCATION]

institution

degree/diploma

date

[MOST RECENT CLINICAL EXPERIENCE]

employer

city, state

position

date

[EQUIPMENT EXPERIENCE]

[PROFESSIONAL LICENSES]

ARRT/NMTCB#

ARDMS#

MTASCP#

[EQUIPMENT EXPERIENCE]

State

License#

State

License#

State

License#

State

License#

Information provided is strictly confidential. All references have been pre-screened.
Direct any inquires or requests for additional information to STAT Staffing Solutions.