

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

Indiana Ultrasound does not discriminate on the basis of race, sex, color, religion, national origin, sexual orientation, age, disability, veteran status, or any other factors made unlawful under applicable federal and state laws. All personnel decisions are made without prejudice or discrimination, in accordance with the principles of equal opportunity.

PLEASE PRINT THE FOLLOWING INFORMATION

PERSONAL INFORMATION		
Name (First, Middle, Last)	Today's Date	
Phone Number		
Home -	Cell -	Other -
Street Address		City, State, Zip Code
How long have you lived at your current address?		Person to contact in case of an emergency (name & phone)
Are you over the age of 18? <input type="radio"/> Yes <input type="radio"/> No		Have you ever been convicted of a felony, a crime involving dishonesty, or a crime involving violence to another person? <input type="radio"/> Yes <input type="radio"/> No
Do you have current valid driver's license? <input type="radio"/> Yes <input type="radio"/> No		If yes, what charges _____ _____
Are you a U. S. Citizen? If no, are you legally authorized to accept employment for the specific position you are applying for? <input type="radio"/> Yes <input type="radio"/> No		
POSITION REQUESTED		
<input type="radio"/> General Ultrasound Technologist <input type="radio"/> Vascular Ultrasound Technologist <input type="radio"/> Cardiovascular (Echo) Technologist		<input type="radio"/> RDMS # _____ <input type="radio"/> RVT # _____ <input type="radio"/> CCI # _____
AVAILABILITY		
Date you can start:		\$ Hourly pay desired

Please check (✓) the days you are available to work						
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday						
Comments: _____						
How did you learn of this opportunity?		<input type="checkbox"/> Employee Referral (please list name: _____) <input type="checkbox"/> Advertisement (please list source: _____) <input type="checkbox"/> Internet site: _____ <input type="checkbox"/> Relative (please list name: _____) <input type="checkbox"/> Other: _____				
Have you ever applied at Indiana Ultrasound or Baby Gender Plus before? <input type="checkbox"/> Yes <input type="checkbox"/> No						

EMPLOYMENT/INDEPENDENT CONTRACTOR APPLICATION

PLEASE LIST THREE MOST RECENT JOBS (Start with most recent or current job)						
Company:		Position:				
Dates: from ____ / ____ / ____ to ____ / ____ / ____		Supervisor:				
City: _____ State: _____		Phone: ()				
Last Rate of Pay:		Eligible for Re-Hire? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reason for leaving:		<input type="checkbox"/> Resigned with Notice <input type="checkbox"/> Resigned without Notice <input type="checkbox"/> Terminated <input type="checkbox"/> Still working				
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Company:		Position:				
Dates: from ____ / ____ / ____ to ____ / ____ / ____		Supervisor:				
City: _____ State: _____		Phone: ()				
Last Rate of Pay:		Eligible for Re-Hire? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reason for leaving:		<input type="checkbox"/> Resigned with Notice <input type="checkbox"/> Resigned without Notice <input type="checkbox"/> Terminated <input type="checkbox"/> Still working				

May we contact? <input type="radio"/> Yes <input type="radio"/> No			
Company:		Position:	
Dates: from ____/____/____ to ____/____/____		Supervisor:	
City: _____ State: _____		Phone: ()	
Last Rate of Pay:		Eligible for Re-Hire? <input type="radio"/> Yes <input type="radio"/> No	
Reason for leaving: <input type="radio"/> Resigned with Notice <input type="radio"/> Resigned without Notice <input type="radio"/> Terminated <input type="radio"/> Still working			
May we contact? <input type="radio"/> Yes <input type="radio"/> No			
EDUCATION			
School Name & Location		Did You Graduate?	GPA
High School:		<input type="radio"/> Yes <input type="radio"/> No	
Trade/Business School:		<input type="radio"/> Yes <input type="radio"/> No	
College/University:		<input type="radio"/> Yes <input type="radio"/> No	
REFERENCES (UNRELATED)			
		Title/Company	Email
Name:			Phone
Name:			
Name:			

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APPLICANT'S STATEMENTS

READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.

1. The information I am presenting in this application is complete, true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omissions could result in the denial of my application, withdrawal of any offer of employment, or immediate discharge.
2. I understand that in connection with application process, Indiana Ultrasound and its representatives may contact my former employers, educational institution, conduct a background check, may contact references, and other relevant third parties to obtain additional information related to the information given by me in this application. I hereby request, release and consent to the release and disclosure of such information. I further release and hold harmless Indiana Ultrasound, and affiliates, their officers, employees and agents, and any other parties inquiring about, investigating, furnishing, communicating, reviewing, or evaluating such information from any and all potential claims, demands, damages, liabilities, and/or actions of any kind arising from such activities, whether known or unknown to me presently, that I may have, now or in the future.
3. If contracted as an independent contractor or employee, I agree to conform to the rules and regulations of Indiana Ultrasound and understand that I will be an independent contractor or employee at-will, and my employment may be terminated at any time by me or Indiana Ultrasound, with or without notice, for any reason. I understand that only an Officer of Indiana Ultrasound has the authority to enter into any agreement for employment or services for any specified period of time, or to make any agreement contrary to the foregoing, and it must be in writing and signed.

Applicant's Signature	Date
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