





**Serving Northwest Indiana and Surrounding Areas**  
 Office: 219-746-0915, Fax: 219-370-0508  
 Website: indianaultrasound.com Email: [nwimobile@live.com](mailto:nwimobile@live.com)  
 Website: dba [babygenderplus.com](http://babygenderplus.com)

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

## EMPLOYMENT/INDEPENDENT CONTRACTOR APPLICATION

<b>PLEASE LIST THREE MOST RECENT JOBS (Start with most recent or current job)</b>	
<b>Company:</b>	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	
<b>Company:</b>	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			
<b>Company:</b>		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			
<b>EDUCATION</b>			
School Name & Location	Did You Graduate?	GPA	Major/Degree/Year
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		
<b>REFERENCES (UNRELATED)</b>			
	Title/Company	Email	Phone
Name:			
Name:			
Name:			



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## EMPLOYMENT/INDEPENDENT CONTRACTOR APPLICATION

### 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 know 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