



Employment Application

INSTRUCTIONS: Please furnish all information requested on this form. **A resume will not be accepted as a substitute for the employment application.** If you wish to supply more information, please attach a separate sheet or resume.

PERSONAL INFORMATION

Legal Name _____
Last First MI

Home Phone: (____) _____ Cellular: (____) _____

Present Address: _____

City _____ State _____ Zip Code _____

Permanent Address: (if different from above) _____

City _____ State _____ Zip Code _____

Social Security No. _____

EMPLOYMENT SPECIFICATIONS

Position applying for: _____

Salary desired: _____ Start Date Available: _____

- Full Time (40 Hours per week)
- Part-Time (Number of hours willing to work per week) _____
- Per Diem
- Temporary (Indicate which months you are available) _____

Would you be available to work overtime if asked? Yes No

Can or will you work weekends? (Saturday & Sunday) Yes No

If Part-Time, indicate the days you are available to work:

Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun ____

PROFESSIONAL REGISTRATION/LICENSE

| Type of Registry/License/Certification | Number | Expiration Date |
|--|--------|-----------------|
| | | |
| | | |
| | | |

Are you planning on taking any other examinations in the future? Yes No
 If yes, which one(s)? _____

If regulations change during your employment regarding the requirement of additional certifications, are you willing to comply and take further examinations? Yes No

Have you ever had a claim against your license or has it ever been revoked, restricted, or suspended? Yes No
 If yes, explain: _____

EDUCATION

| Institution | Name/Location | Degree/Diploma | Grad Date |
|--------------------|---------------|----------------|-----------|
| High School | | | |
| University | | | |
| Ultrasound Program | | | |
| Other | | | |

EMPLOYMENT HISTORY

Start with your present or most recent job and list ALL employment and work-related activities, including self-employment, military employment and periods of unemployment. *All relevant employment history will be used to determine qualifications and salary. Do not indicate "See Resume". You may attach a resume, but cannot be substitute for completing the boxes below.*

| | | |
|---|--|---------------------|
| Company Name – Present or Recent Employer | Reason for Leaving | Telephone () |
| Address/City/State | Supervisor's Name | |
| Your Job Title | Employed- (State month and year) From To | |
| Duties/Responsibilities | Ending Rate of Pay | |
| | Full Time ____ Part Time ____ | |
| | Employed under what name? | |

| | | |
|---|---|-----------------------------|
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How did you first learn about this opening? (Check one)

- Ultrasoundjobs.com
- Friend
- OnSite Ultrasound website
- Agency (Name) _____
- School (Name) _____
- Employee (Name) _____
- Other (Specify) _____

Have you ever applied for employment with us? Yes No If yes, when? _____

Have you ever been convicted of any criminal offense? Yes No

(Other than misdemeanor traffic offenses)

If yes, explain: _____

Have you ever had any adverse legal actions imposed by Medicare, Medicaid, or any other federal agency or program against you? Yes No

If you answered "yes" to the above question, please explain all adverse legal actions imposed and include the date such action was imposed. _____

Please read carefully:

I certify that I have read and understand the information in this application and that this information is true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application will be considered sufficient cause for my immediate dismissal.

Signature of Applicant _____ Date _____

Please fax or mail the completed forms to:

OnSite Ultrasound
730 Pheasant Ridge Rd
Monterey, CA 93940
www.onsiteultrasound.com
Fax 831.392.0394