



# CENTRAL OREGON RADIOLOGY ASSOC., P.C.

## APPLICATION FOR EMPLOYMENT

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We are an equal opportunity employer and that is the policy of the business to provide opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, sexual orientaton, national orgin, ancestry, physical or mental disabilities or veteran's status.

**If you need alternative access to this application, please call 541-598-3296 or e-mail cdunbar@cmillc.org**  
(PLEASE PRINT)

_____	_____	_____
Position(s) Applied For	How Did You Hear About Us?	Application Date
_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Address	City and State	Zip Code

_____	_____	_____
Home Phone	Cell Phone	Best Time Of Day To Reach You
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<b>If you are under 18 years of age, can you provide required proof of your eligibility to work?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Have you ever filed an application with us before? If YES, give date and position</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>Have you ever been employed with us before? If YES, give date and position:</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>Do any of your friends or relatives, other than spouse work here? If YES, who?</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>Have you ever been convicted of a felony? Convictions and pleas are not an automatic bar. We will consider relevant factors such as the recency, seriousness, and nature of the violation, as well as evidence of rehabilitation.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>May we contact your present employer?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Proof of citizenship or immigration status will be required upon employment</b>

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Are you available for work . . . . . Full-Time (Please indicate: 1st 2nd 3rd Shift)  
Part-Time (Please indicate: Mornings Afternoon Evenings)  
Yes No Temporary (Please indicate dates available: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

**Are you currently on "lay-off" status and subject to recall?**  
  **Can you travel if a job requires it?**  
Highest grade completed:  K-8  9-12  GED  College Name: \_\_\_\_\_

Years of college completed: \_\_\_\_\_ Diploma/Degrees \_\_\_\_\_

Describe any specialized training, apprenticeships, skills and extra-curricular activities: \_\_\_\_\_

### SPECIALIZED SKILLS/QUALIFICATIONS

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<b>PC/MAC</b> <b>Imaging equipment and Computer Programs</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Keyboardi A</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>Excel</b> ___Beginner ___Intermediate ___Advanced _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>Microsoft Word</b> _____

## EMPLOYMENT EXPERIENCE

**(PLEASE PRINT)**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

		\$      \$
Employer	Dates Employed	Starting and Ending Pay
Address	City and State	Zip Code
Supervisor	Phone Number	Yes      No May we contact employer?
Job title	Jobs Performed	Reason For Leaving

		\$      \$
Employer	Dates Employed	Starting and Ending Pay
Address	City and State	Zip Code
Supervisor	Phone Number	Yes      No May we contact employer?
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		\$      \$
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Supervisor	Phone Number	Yes      No May we contact employer?
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## WORK RELATED REFERENCES

(PLEASE PRINT)

Reference Name	Company Name
Relationship To Reference	Phone Number

Reference Name	Company Name
Relationship To Reference	Phone Number

Reference Name	Company Name
Relationship To Reference	Phone Number

Reference Name	Company Name
Relationship To Reference	Phone Number

**State any additional information you feel may be helpful to us in considering your application.**

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## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active until the position applied for has been filled or ended. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature Of Applicant

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Date