



NOTICE TO APPLICANTS: Dakota Radiology is an Equal Opportunity Employer. We do not discriminate because of race, color, creed, age, sex, marital status, religion, status with regard to public assistance or disability, national origin, veteran’s status, or any other prohibited basis of discrimination as provided under applicable state or federal law. In accordance with the Americans with Disabilities Act, Federal law obligates us to provide reasonable accommodations to known disabilities of applicants, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process.

Please complete application—print clearly. A clear understanding of your background is helpful in placing you in an appropriate position. Any misrepresentation or willful omission of facts may be cause for immediate dismissal, regardless of when discovered.

Incomplete application may not be accepted. This application is good for six (6) months.

APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available		Social Security No.	Desired Salary	
Position Applied for				
Type of Employment Interested In				
Are you willing to rotate shifts? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you willing to work weekends? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If no, what shifts are you willing to work? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights				
How did you hear about this position? <input type="checkbox"/> School <input type="checkbox"/> Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Web Site <input type="checkbox"/> Newspaper Name: _____				
<input type="checkbox"/> Referral, If so who? _____		<input type="checkbox"/> Other _____		
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Name(s) and relationship of relative(s) in our employ (if none, write "None")				
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?				
Have you ever been convicted* of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain				
*Convicted means conviction following trial; plea bargains; adjudication; nolo contendere; suspended impositions of sentence; or suspended prosecution. Conviction of a crime does not automatically bar you from employment, but will only be considered in relation to specific job requirements.				
Have you been convicted of a criminal offense related to health care or have you been disbarred, excluded, or otherwise determined ineligible for participation in government health care programs? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Please explain _____				

EDUCATION

High School		Address		
Last Grade Completed 9 10 11 12		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree
College		Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree
Other		Address		

From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
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License / Certification Number: _____ State _____ Expiration Date _____

List professional, trade, business or civic activities and offices held

REFERENCES

Please list three professional references.

Full Name	Relationship
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Company	Phone ()
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Address

Full Name	Relationship
-----------	--------------

Company	Phone ()
---------	-----------

Address

Full Name	Relationship
-----------	--------------

Company	Phone ()
---------	-----------

Address

PREVIOUS EMPLOYMENT

Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES NO

Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

Have you ever had any of the following adverse legal actions imposed by Medicare, Medicaid, or any other federal agency or program? YES NO

If you answered "yes" to the above question, check all adverse legal actions imposed and include the date such action was imposed. If you do not understand these questions, please contact us for assistance.

- Program exclusion (s) Date: _____ Civil Monetary Penalty(s) Date: _____
- Administrative Sanction(s) Date: _____ Assessment(s) Date: _____
- Suspension of Payment(s) Date: _____ Program Debarment(s) Date: _____
- Judgment(s) pending under the False Claims Act

EMPLOYEE CERTIFICATION

I certify the information contained in this application is true and complete. I understand providing any false or misleading information, misrepresentation or willful omission of facts during the application or interview process may result in withdrawal from consideration for employment or my immediate discharge if already hired, regardless of when discovered. I authorize Dakota Radiology to investigate all statements in this application and to conduct a thorough investigation of my past employment, education, and job related activities. I indemnify Dakota Radiology against any liability, which may result from conducting such investigation. All employers, educational institutions, and references listed are hereby authorized to give Dakota Radiology any and all information regarding my employment and character and are hereby released from any and all liability which may result from furnishing such information. I understand this application is not a contract of employment and if hired, regardless of any oral representations to the contrary, the employment relationship between myself and Dakota Radiology is terminable-at-will such that both Dakota Radiology and I remain free to choose to end our work relationship at any time for any or no reason.

I authorize Dakota Radiology to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, governmental agency, or other party with an interest which Dakota Radiology deems appropriate.

I agree that any personal property carried by me to and from Dakota Radiology's premises may be inspected by authorized personnel

Applicant's Signature: _____ **Date:** _____

I authorize Dakota Radiology to refer my application to any of its affiliates for consideration for any positions for which I may be qualified.

Applicant's Signature: _____ **Date:** _____