



**Stockton Medical Building, Suite 1100, 72 W. Jimmie Leeds Road, Galloway, NJ 08205**

**APPLICATION FOR EMPLOYMENT**

**An Equal Opportunity Employer**

Equal access to programs, services and employment is available to all persons. Atlantic Medical Imaging (AMI) does not discriminate on the basis of race, color, creed, religion, national origin, sex, age, genetic information, disability, marital status, sexual preference/orientation, citizenship or unfavorable discharge from the military. It is our intention that all qualified applicants will be given equal opportunity and that selection decisions will be based on job-related factors. Those applicants requiring reasonable accommodations to the application and/or interview process should notify their interviewer.

Position(s) applied for: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**Personal Information**

First Name:	Middle Initial:	Last Name:
Street Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Email Address:
Type of Employment Desired (check all that apply): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per-diem If Part Time or Per-diem, how many hours per week are you available to work? _____		
Would you work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No Weekends/Holidays: <input type="checkbox"/> Yes <input type="checkbox"/> No Shift Preference: _____		
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How were you referred to AMI? _____		
Previously employed by AMI? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When? _____		

**Education**

Name of School and Address	Number of Years Attended	Course of Study	Degree/ Diploma	Did you Graduate?

**Employment History (Please list present or most recent employer first)**

Employer	Telephone Number	Dates Employed		Summarize the type of work performed and the job responsibilities
Address		<u>From</u>	<u>To</u>	
Job Title		Hourly Rate Starting		
Immediate Supervisor		\$	Per	
Reason for Leaving		Hourly Rate Final		
May we contact for Reference? ___ Yes ___ No ___ Later		\$	Per	

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Immediate Supervisor		\$	Per	
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Job Title		Hourly Rate Starting		
Immediate Supervisor		\$	Per	
Reason for Leaving		Hourly Rate Final		
May we contact for Reference? ___ Yes    ___ No    ___ Later		\$	Per	

**Comments** (including explanation of any gaps in employment): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Skills and Qualifications** – Summarize any special training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying – Please include any healthcare or business equipment operated:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Professional Licenses and Certifications**

Type of License, Registration or Certification	State Issued	License, Registration or Certification Number	Expiration Date

**References**

List the name and telephone number of three (3) business/work references that are *not* related to you.

Name	Telephone	How do you know this person	Years known

**Comments:** Please make any comments below that you feel are pertinent to your Application or provide any additional information you would like us to know about you:

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

\_\_\_\_\_ **Initial**

I authorize AMI representatives to contact any of my schools, former employers or other references regarding my previous employment and seek other information, including that which is personal. I release all parties from liability for seeking and furnishing such information.

\_\_\_\_\_ **Initial**

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time, if employed. I understand that if hired, it is at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

\_\_\_\_\_ **Initial**

I read and understand and by my signature consent to these statements.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_