

**NORTHEAST GEORGIA DIAGNOSTIC CLINIC, LLC**  
**APPLICATION FOR EMPLOYMENT**

**Equal Opportunity Employer - At Will Employer**

*PLEASE PRINT OR TYPE - NOT VALID UNLESS SIGNED AT BOTTOM OF LAST PAGE*

Statements made by applicants for employment on this application form will be carefully checked for accuracy. The use of this form does not mean there are positions open and does not obligate us in any way. **Northeast Georgia Diagnostic Clinic, LLC does not engage in any form of unlawful discrimination. If you feel that you have been discriminated against for any reason, please call this to the attention of Human Resources so that we may address your concern.**

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

Type of position:  Full-time  Part-Time  PRN (as needed)  Temporary or Summer

Referral Source:  Advertisement  Employment Agency  Friend  Relative  Walk-in

Date available to begin work: \_\_\_\_\_

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**Applicant Name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Address: Street: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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Are you at least 18 years of age?  Yes  No

If not, are you able to provide appropriate employment or age certificates?  Yes  No

Have you completed an application here before?  Yes  No

If yes, when and what position? \_\_\_\_\_

Have you ever been employed here before?  Yes  No

If yes, when and what was your position? \_\_\_\_\_

Name of any relatives employed with Northeast Georgia Diagnostic Clinic, LLC: \_\_\_\_\_

Name of any friends employed with Northeast Georgia Diagnostic Clinic, LLC: \_\_\_\_\_

Can you submit documents to verify both your identification and legal right to work in the United States?  Yes  No

Can you perform the essential functions of the position you are applying for with reasonable accommodations?  Yes  No

Do you have reliable transportation to work?  Yes  No

Have you ever been discharged from an employer?  Yes  No

If so what reason? \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, What was the conviction? \_\_\_\_\_

**NOTE:** Conviction of a crime will not necessarily be a **bar** to employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time and rehabilitation will be taken into account in determining effect on suitability for employment.

**EMPLOYMENT EXPERIENCE**

Starting with present or most recent, list all previous employers. If more space is required, please continue on a separate sheet. You may attach resume but **complete application as well.**

May we contact your present or previous employers  Yes  No

Name of Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address:Street \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor Telephone: \_\_\_\_\_

From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_  Part-Time  PRN  Full-Time  Student

Starting Pay \$ \_\_\_\_\_ Ending Pay \$ \_\_\_\_\_

Job Title and Specific Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Name of Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address:Street \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor Telephone: \_\_\_\_\_

From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_  Part-Time  PRN  Full-Time  Student

Starting Pay \$ \_\_\_\_\_ Ending Pay \$ \_\_\_\_\_

Job Title and Specific Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Name of Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address:Street \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor Telephone: \_\_\_\_\_

From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_  Part-Time  PRN  Full-Time  Student

Starting Pay \$ \_\_\_\_\_ Ending Pay \$ \_\_\_\_\_

Job Title and Specific Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

EDUCATION

**School Name and Address**

Elementary: \_\_\_\_\_ Grade completed: 4 5 6 7 8

High School: \_\_\_\_\_ Grade completed: 9 10 11 12

Diploma/Course of Study \_\_\_\_\_

College/Univeristy: \_\_\_\_\_ Years completed: 1 2 3 4

Degree/Course of Study \_\_\_\_\_

Graduate School : \_\_\_\_\_ Years completed: 1 2 3 4

Degree/Course of Study \_\_\_\_\_

Describe any special skills or training relating to position applied for: \_\_\_\_\_

Computer equipment or software used in previous jobs or at home: \_\_\_\_\_

School Activities – Honorary, Social, Sports, Etc.\* \_\_\_\_\_

List any skill or qualifications you feel would make you an asset to the company: \_\_\_\_\_

What positions of leadership or responsibility have you held in school, work, or elsewhere? \_\_\_\_\_

Of what civic, technical, trade, professional, or other organizations are you a member? \_\_\_\_\_

Any memberships or business activities? If so, what memberships or activities? \_\_\_\_\_

What do you consider your most significant achievement since you were 18 years old? \_\_\_\_\_

Use this space for additional comments as necessary, on any matter relative to your application. \_\_\_\_\_

\*Exclude any organization or information which may reveal age, race, religion, orientation or national origin.

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business & Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business & Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business & Position: \_\_\_\_\_

Phone: \_\_\_\_\_

The above information is true and correct. I understand that the hiring process will be terminated, or in the event of my employment by the Company, I shall be subject to dismissal, if any information that I have given in this application, the background release form, in any resume or interview or any part of the hiring process is false or misleading or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check. I understand that that the Company will provide a separate Disclosure and Release required by law that will permit the Company to make such inquires through the services of a third party.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. I understand that only the CEO and/or CFO have the authority to enter into an agreement with an employee. In addition I understand and agree that, if hired; my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

Signature of Applicant: \_\_\_\_\_

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