



# Application For Employment

\*We consider all applicants regardless of ethnicity, religion, creed, gender affiliation, nationality, age, disability, marital, veteran status, or any other legally protected status.

Position Applying for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

House Number: \_\_\_\_\_ Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Are you under 18 years of age?  YES  NO

Are you a US Citizen?  YES  NO

Are you currently employed?  YES  NO

Have you ever been convicted of a felony?  YES  NO

Do you want full time or part time?  FULL TIME  PART TIME

All applicants are subject to a background check: Do you have anything in your background?  YES  NO

Are you eligible to work in USA?  YES  NO

Have you ever worked for DFW MRI?  YES  NO

May we contact your current employer?  YES  NO

Are you able to work at all of our locations?  YES  NO

Hours?  Mornings  Afternoons  Evenings

## Education:

School	Name of School	Course of Study	Years Complete	Diploma/Degree
High School:				
Undergraduate:				
Graduate:				
Other:				

## References (Work Related):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ PH: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ PH: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ PH: \_\_\_\_\_

## Work Experience: Present to Past

Employer: \_\_\_\_\_ Dates employed: \_\_\_\_\_ - \_\_\_\_\_ : \_\_\_\_\_ - \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact:  YES  NO Starting Hourly: \_\_\_\_\_ Ending Hourly: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Dates employed: \_\_\_\_\_ - \_\_\_\_\_ : \_\_\_\_\_ - \_\_\_\_\_



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Responsibilities:

\_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact:  YES  NO Starting Hourly: \_\_\_\_\_ Ending Hourly: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Dates employed: \_\_\_\_\_ - \_\_\_\_\_ : \_\_\_\_\_ - \_\_\_\_\_

Responsibilities:

\_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact:  YES  NO Starting Hourly: \_\_\_\_\_ Ending Hourly: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Explanation for gaps in employment history: \_\_\_\_\_

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

\_\_\_\_\_

### Questions:

In what type of work environment do you thrive? \_\_\_\_\_

\_\_\_\_\_

Why do you want this job? \_\_\_\_\_

\_\_\_\_\_

What are your Strengths? Weaknesses? \_\_\_\_\_

\_\_\_\_\_

Tell me the difference between good and exceptional. \_\_\_\_\_

\_\_\_\_\_

What is your greatest failure, and what did you learn from it? \_\_\_\_\_

\_\_\_\_\_

What is your proudest achievement? \_\_\_\_\_

\_\_\_\_\_

If you could choose one superhero power, what would it be and why? \_\_\_\_\_

\_\_\_\_\_

How fast can you type accurately? \_\_\_\_\_ Proficient in Microsoft Office? \_\_\_\_\_



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**Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner with or without a reasonable accommodation? The activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

\_\_\_\_ Yes    \_\_\_\_ No

**Applicants Statement:**

I certify that answers given herein are true and complete.

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

This application for employment shall be considered active for a period of time not to exceed 45 days. 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 interviews may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

**Printed name of Applicant:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_