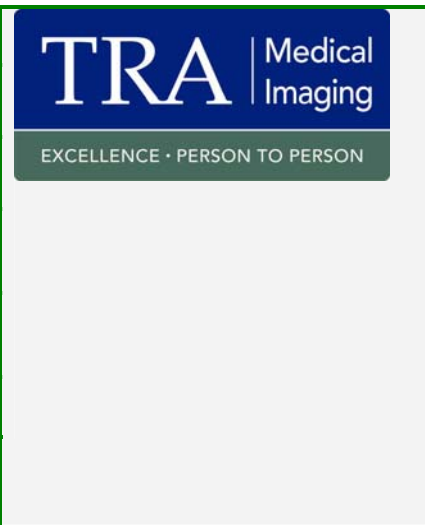


# APPLICATION FOR EMPLOYMENT

LAST NAME		FIRST NAME		MIDDLE
PHONE	SOCIAL SECURITY NO.	TODAY'S DATE	DATE AVAILABLE FOR WORK	
POSITION APPLIED FOR		SALARY DESIRED		
PRESENT ADDRESS		CITY	STATE	ZIP
FORMER ADDRESS		CITY	STATE	ZIP
IN EMERGENCY, NOTIFY		EMERGENCY PHONE		
ARE YOU OVER THE AGE OF 18?		WILL VISA OR IMMIGRATION STATUS PREVENT		
YES	NO	LAWFUL EMPLOYMENT?	YES	NO



## EDUCATION RECORD

NAME OF SCHOOL	LOCATION	YEARS ATTENDED	Did You GRADUATE	YEAR LEFT SCHOOL	MAJOR/MINORS	DEGREE RECEIVED
HIGH SCHOOL						
COLLEGE						
COLLEGE						
OTHER						

## EMPLOYMENT RECORD

EMPLOYER	EMPLOYMENT DATES	SALARY	POSITION	ELIGIBLE FOR REHIRE?
NAME	FROM	STARTING	STARTING	YES
ADDRESS	TO	ENDING	ENDING	NO
SUPERVISOR	REASON FOR LEAVING			
NAME	FROM	STARTING	STARTING	YES
ADDRESS	TO	ENDING	ENDING	NO
SUPERVISOR	REASON FOR LEAVING			
NAME	FROM	STARTING	STARTING	YES
ADDRESS	TO	ENDING	ENDING	NO
SUPERVISOR	REASON FOR LEAVING			

LIST PERIODS OF UNEMPLOYMENT OF MORE THAN 30 DAYS, AND EXPLAIN

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT UNLAWFULLY DISCRIMINATE ON THE BASIS OF RACE, SEX, AGE, COLOR, RELIGION, NATIONAL ORIGIN, MARITAL STATUS, VETERAN STATUS, DISABILITY STATUS, OR ANY OTHER BASIS PROHIBITED BY FEDERAL, STATE OR LOCAL LAW. PLEASE LET US KNOW IF YOU NEED ACCOMMODATIONS IN ORDER TO PARTICIPATE IN THE APPLICATION PROCESS.

**PERSONAL DATA**

WHO REFERRED YOU TO TRA MEDICAL IMAGING CENTERS?
HAVE YOU BEEN CONVICTED OR PLED NO CONTEST TO ANY CRIMINAL OFFENSES?
IF YES, INDICATE NATURE OF OFFENSE, DATE, COURT & DISPOSITION. (A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT)
IF DRIVING IS A REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING, DO YOU HAVE A VALID DRIVER'S LICENSE?
IS THERE ANYTHING THAT WILL INTERFERE WITH YOUR ABILITY TO PERFORM, ON A REGULAR BASIS, THE ESSENTIAL DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING?

**U.S. MILITARY SERVICE**

BRANCH OF SERVICE	DATE IN	DATE OUT	WHERE SERVED	SPECIALTY

**EXPERIENCE**

LIST SPECIALIZED TECHNICAL SKILLS (I.E., COMPUTER PROGRAMMING, SOFTWARE, EQUIPMENT OPERATION, SPECIAL TOOLS OR MACHINES).
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**PROFESSIONAL LICENSES**

ISSUING ORGANIZATION	CERTIFICATION	EXPIRATION

I CERTIFY THAT THE INFORMATION GIVEN BY ME TO TRA MEDICAL IMAGING CENTERS OR ITS AFFILIATES IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, DISCOVERY THAT I GAVE FALSE INFORMATION DURING THE APPLICATION PROCESS MAY RESULT IN IMMEDIATE DISMISSAL.

I FURTHER CERTIFY THAT I AM NOT ENGAGED IN ANY OUTSIDE ACTIVITY OR BUSINESS THAT COULD BE CONSIDERED IN CONFLICT WITH TRA MEDICAL IMAGING CENTERS OR ITS AFFILIATES' INTEREST OR THOSE OF ITS CUSTOMERS, NOR WILL I BECOME ENGAGED IN SUCH ACTIVITY OR BUSINESS IF EMPLOYED.

I AUTHORIZE TRA MEDICAL IMAGING CENTERS OR ITS AFFILIATES TO SOLICIT INFORMATION REGARDING MY CHARACTER, GENERAL REPUTATION, CREDIT, PREVIOUS EMPLOYMENT AND SIMILAR BACKGROUND INFORMATION, AND TO CONTACT ANY AND ALL REFERENCES I HAVE GIVEN ON MY APPLICATION. I HEREBY RELEASE ALL PARTIES AND PERSONS CONNECTED WITH ANY SUCH REQUEST FOR INFORMATION FROM ALL CLAIMS, LIABILITIES AND DAMAGES FOR ANY REASON ARISING OUT OF THE FURNISHING OF SUCH INFORMATION. IF EMPLOYED, I RELEASE THE COMPANY FROM ANY LIABILITY FOR FUTURE REFERENCES IT MAY PROVIDE REGARDING MY WORK HISTORY WITH TRA MEDICAL IMAGING CENTERS OR ITS AFFILIATES.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, AT THE OPTION OF EITHER TRA MEDICAL IMAGING CENTERS OR ITS AFFILIATES OR MYSELF. I ALSO UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES IN FACT CREATE A CONTRACT OF EMPLOYMENT. IF EMPLOYED, I FURTHER AGREE THAT IF TRA MEDICAL IMAGING CENTERS OR ITS AFFILIATES ADVANCES ANY PAID LEAVE BEFORE IT HAS BEEN ACCRUED, OR ADVANCES OR LOANS ME ANY MONEY DURING THE COURSE OF MY EMPLOYMENT, OR IF I LOSE, DAMAGE, OR FAIL TO RETURN ANY TRA MEDICAL IMAGING CENTERS OR ITS AFFILIATES PROPERTY, TRA MEDICAL IMAGING CENTERS OR ITS AFFILIATES IS AUTHORIZED TO DEDUCT FROM MY WAGES SUFFICIENT FUNDS TO REPAY SUCH LOANS OR ADVANCES OR TO REPLACE ITS PROPERTY.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
APPLICANT

<b>FOR EMPLOYER USE ONLY</b>