



GUAM RADIOLOGY CONSULTANTS

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, disability or any other legally protected status

Please Print –

Fill out completely & attach Resume. Once Completed, email to cshimizu@guamradiology.com and jlujan@guamradiology.com

Position (S) Applied for: _____ Date of Application: _____

Last Name First Name Middle Name

Address Telephone Cell

City State Zip Email

How Did You Learn about Us?

- Newspaper Internet Friend Employment Agency _____
- Walk-in Business Referral Relative Other _____

AVAILABILITY

I have no preference.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>
Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>
Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>
Night <input type="checkbox"/>	Night <input type="checkbox"/>	Night <input type="checkbox"/>	Night <input type="checkbox"/>	Night <input type="checkbox"/>	Night <input type="checkbox"/>	Night <input type="checkbox"/>
I am seeking a:		<input type="checkbox"/> Full time job	<input type="checkbox"/> Part time job	<input type="checkbox"/> Seasonal/Temporary		
How many hours can you work weekly? <input type="checkbox"/> < 15 hrs. <input type="checkbox"/> < 30 hrs. <input type="checkbox"/> >32 hrs.			Can you work holidays? <input type="checkbox"/> YES <input type="checkbox"/> NO		On what date would you be available for work? ____/____/____	

Are you currently on "Lay-Off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

If you are under Eighteen years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? If Yes, when? _____ YES NO

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in the United States of America because of visa or immigration status? YES NO

Proof of citizenship or immigration status will be required upon employment

Are you physically or otherwise able to perform the duties of the job for which you are applying with or without reasonable accommodation? YES NO

Do you have reliable transportation to and from work? YES NO

EMPLOYMENT EXPERIENCE

Start with your present or most recent work experience. Include any job related military service assignments and volunteer activities. May exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

Employer	Dates of Employment Start: End:	Job Title
Address	Hourly Rate/Salary Starting:	Work Performed
Tel:	Final:	
Reason For Leaving:		

Employer	Dates of Employment Start: End:	Job Title
Address	Hourly Rate/Salary Starting:	Work Performed
Tel:	Final:	
Reason For Leaving:		

Employer	Dates of Employment Start: End:	Job Title
Address	Hourly Rate/Salary Starting:	Work Performed
Tel:	Final:	
Reason For Leaving:		

Employer	Dates of Employment Start: End:	Job Title
Address	Hourly Rate/Salary Starting:	Work Performed
Tel:	Final:	
Reason For Leaving:		

If you need additional space, please continue on reverse side of page 2.

EDUCATION

High School
*Undergraduate
College/ University*
Graduate/Professional
Technical/ Other

School Name and Location				
Years Completed				
Diploma/Degree				
Describe Course of Study				
Describe any specialized examinations, apprenticeship and extracurricular activities				
State any additional information you feel may be helpful to us in considering your application				

Professional Licenses / Registrations

If the position you are applying for requires a current license registration or certification, proof of the same license will be required.

Medical Licenses Type	License Number	State Issued	Date Issued	Expiration Date

Has your professional license ever been revoked or suspended? YES NO If yes, when and why?

Certifications / Trainings

Cardiopulmonary Resuscitation (CPR) or First Aid Certification Courses	Card Code	Issue Date	Renewal Date
First Aid – Health & Safety Training Course			
Basic Life Support (BLS)			
Advanced Cardiac Life Support (ACLS)			
Medical Terminology: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, which version?	Other Certifications/Trainings:		

Military Service

Were you a member of the U.S. Military Services? <input type="checkbox"/> YES <input type="checkbox"/> NO	Branch	Yrs. of Service	Rank Attained
---	--------	-----------------	---------------

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job related skills and qualifications acquired from employment or other experience.

Indicate any Foreign Languages you can Speak, Read and/or Write

	<i>Fluent</i>	<i>Good</i>	<i>Fair</i>
Speak			
Read			
Write			

List Professional, Trade, Business or Civic Activities and Offices Held

Emergency Notification

Name of Person to Notify in Case of Emergency	Relationship
Address	
Telephone Number	

REFERENCES

Give name, email address and telephone number of three professional references that
1) are not related to you and 2) have worked with you for at least one year

1 _____
2 _____
3 _____

FAMILY MEMBERS AT GRC

YES NO

Name	Relationship	Position/Title

CREENTIAL CERTIFICATION

Please Initial Each Certification

_____ I certify that the information provided to Guam Radiology Consultants regarding my demographics, education, work experience, internship/fellowships are true and complete to the best of my knowledge.

_____ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also authorize all past employers and references listed on this application and any attached resume to provide to GRC all employment information pertinent to my application for employment.

_____ This application for employment shall be considered active for period of time not to exceed 45 days.

_____ The applicant understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

_____ In the event of employment I understand that false or misleading information provided on this application form, resume or during the interview(s) may result in termination of employment. I understand, also, that I am required to abide by all rules and regulations of the employer.

By signing this application, the applicant hereby assures Guam Radiology Consultants that he/she has no outstanding warrants, criminal charges, or any other legal matters that may conflict with his/her employment.

Applicant Name (Print)

Applicant Signature