

Today's Date \_\_\_\_\_

## PERSONAL DATA

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\_\_\_\_\_  
 Last Name First Name Middle Name

\_\_\_\_\_  
 Social Security # Home Phone # Cell Phone / Pager E-Mail

\_\_\_\_\_  
 Street Address City County State / Zip Country

\_\_\_\_\_  
 Previous Street Address City County State / Zip Country

\_\_\_\_\_  
 Name of Emergency Contact Relationship Emergency Phone #

## JOB INFORMATION

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### POSITION APPLYING FOR

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> General Radiology     | <input type="checkbox"/> CT                            | <input type="checkbox"/> Mammography                  | <input type="checkbox"/> MRI                | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> General US            | <input type="checkbox"/> Vascular US                   | <input type="checkbox"/> Echocardiographer            | <input type="checkbox"/> Special Procedures |   |
| <input type="checkbox"/> Cardiac Catherization | <input type="checkbox"/> Radiation Therapist           | <input type="checkbox"/> Dosimetrist                  | <input type="checkbox"/> Physicist          |   |
| <input type="checkbox"/> Medical Technologist  | <input type="checkbox"/> Medical Laboratory Technician | <input type="checkbox"/> Histotechnologist/Technician |   |   |
| <input type="checkbox"/> Cytotechnologist      | <input type="checkbox"/> Phlebotomist                  | <input type="checkbox"/> OTHER _____                  |   |   |

### CHECK THE TYPE OF ASSIGNMENT YOU ARE AVAILABLE FOR

- Local       Travel       Permanent

## EDUCATION AND TRAINING

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(Please list all schools attended.)

\_\_\_\_\_  
 College / Vocational School Major Emphasis Degree Completed:  Yes  No Level & Type

\_\_\_\_\_  
 Street Address City State / Zip Country

\_\_\_\_\_  
 College / Vocational School Major Emphasis Degree Completed:  Yes  No Level & Type

\_\_\_\_\_  
 Street Address City State / Zip Country

\_\_\_\_\_  
 College / Vocational School Major Emphasis Degree Completed:  Yes  No Level & Type

\_\_\_\_\_  
 Street Address City State / Zip Country

# LICENSE / CERTIFICATION

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License Type License / Certification # State Expiration Date

License Type License / Certification # State Expiration Date

License Type License / Certification # State Expiration Date

## HAS YOUR PROFESSIONAL LICENSE EVER BEEN SUSPENDED, REVOKED OR UNDER INVESTIGATION

Yes  No

If yes, please explain: \_\_\_\_\_

## WORK EXPERIENCE

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(Please list all of your work experience beginning with your most recent job. You will be asked to explain all gaps in employment. Attach additional sheet(s) if necessary).

Facility / Employer Name Dates Employed: From Month / Year To Month / Year

Street Address City County State / Zip Country

Pay Rate / Salary: Hourly \$ Yearly \$ Reason for Leaving

Title Department Describe Duties & Specialty Areas

Name of Immediate Supervisor Phone # (include country code if outside US) May we contact:  Yes  No

If No, Why Not?

If this was a travel assignment, name of agency Supervisory Experience:  Yes  No How often?

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Facility / Employer Name Dates Employed: From Month / Year To Month / Year

Street Address City County State / Zip Country

Pay Rate / Salary: Hourly \$ Yearly \$ Reason for Leaving

Title Department Describe Duties & Specialty Areas

Name of Immediate Supervisor Phone # (include country code if outside US) May we contact:  Yes  No

If No, Why Not?

If this was a travel assignment, name of agency Supervisory Experience:  Yes  No How often?

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## **WORK EXPERIENCE (continued)**

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Facility / Employer Name \_\_\_\_\_ Dates Employed: From Month / Year \_\_\_\_\_ To Month / Year \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State / Zip \_\_\_\_\_ Country \_\_\_\_\_

Pay Rate / Salary: Hourly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_ Describe Duties & Specialty Areas \_\_\_\_\_

Name of Immediate Supervisor \_\_\_\_\_ Phone # (include country code if outside US) \_\_\_\_\_ May we contact:  Yes  No

If No, Why Not? \_\_\_\_\_

If this was a travel assignment, name of agency \_\_\_\_\_ Supervisory Experience:  Yes  No \_\_\_\_\_ How often? \_\_\_\_\_

Please list any other work related information you think would be helpful to us in considering you for employment, such as specialized training, certifications, additional work experience, etc.

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## **REFERENCES**

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(Please list three professional references).

Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

## **ADDITIONAL INFORMATION**

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**1. Are you legally authorized to work in the USA?**  YES  NO

**2. Have you ever been convicted of a felony or misdemeanor crime?**  YES  NO

If Yes, please explain \_\_\_\_\_

**3. How were you referred to TechForce3?**

Newspaper  Job Fair/Open House  Trade Publication \_\_\_\_\_

Internet Site  TechForce3 Web Site  Other Source(s) \_\_\_\_\_

TechForce3 Employee

Name \_\_\_\_\_

Work Location \_\_\_\_\_

***PLEASE BE SURE TO READ AND SIGN THE ACKNOWLEDGMENT ON THE BACK PAGE OF THE APPLICATION***

## **APPLICANT ACKNOWLEDGEMENT**

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**I CERTIFY** that the information in this application is accurate, current and complete. I understand that mis-statements or omissions may result in disqualification from further consideration or termination of employment.

**I AUTHORIZE** TechForce3 to investigate my employment history, credentials and to obtain any relevant information (including a criminal background check) needed to make an employment decision. I authorize TechForce3 to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes. I also authorize TechForce3 to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release TechForce3 and any individual or entity providing information to TechForce3 from all liability for any damages from the disclosure of this information.

### **I ALSO UNDERSTAND AND AGREE:**

- I will provide immunization records that include a current PPD, Hepatitis B, Varicella and MMR. In some cases a medical examination may be required.
- Passing a medical examination and/or participating in a post-conditional offer medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hired, or if hired, employment may be terminated.
- Subject to applicable state laws, the Company reserves the right to conduct drug screening and testing for reasonable suspicion at any time during employment and as a pre-employment requirement. Any violation of this policy shall result in an applicant not being hired or an adverse employment action up to and including immediate termination. TechForce3 has the right to change this policy at any time as it requires.

**I UNDERSTAND** that should I become employed by TechForce3, my work assignments, schedules and/or work locations are subject to change according to the needs of the business and the clients of TechForce3.

***This application will not be considered complete without the applicant's signature***

***Please mail this application to: TechForce3, 31 E. Butler Ave, Ambler, PA 19002***

***You can also return this application via fax: 866-308-0330***

***If you have any questions, please contact us at 1-866-798-3243***

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Applicant's Signature

Date

Pursuant to Title VII of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.) and 45 C.F.R. Part 80, Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794) and 45 C.F.R. Part 84, and the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.) and 45 C.F.R. Part 91, the agency adheres to an equal opportunity policy for all persons seeking admission as clients or seeking employment, and for all persons employed by the agency. The agency does not discriminate because of age, race, color, religion, military status, marital status, gender preference, sex, national origin or disability.