

Please answer all questions completely in your handwriting in ink. Resumes are not accepted in lieu of completion of this application. NOTE: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

I. PERSONAL INFORMATION

| | | | | | |
|--|-------------------|---|----------------|-------------------------------|----------|
| Last Name | | First Name | | Middle Initial | Date |
| Street Address | | | City | State | Zip Code |
| Home Phone () | Cell Phone () | Work Phone () | E-mail Address | | |
| Have you ever been involuntarily terminated or requested to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" explain: | | If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Social Security Number - - | |
| Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" name: | | | | | |
| Have you ever been convicted of a crime or been a defendant in a civil action for an intentional tort? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" list offense, date and disposition of the case (convictions will not necessarily disqualify you for the position): | | | | | |

II. EMPLOYMENT INTERESTS

| | | | |
|--|-----------------------------------|----------------|--|
| Position Desired | Date Available | Salary Desired | Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Employment Desired Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> | Days and hours available for work | | |
| How were you referred to our company? <input type="checkbox"/> Agency (Name) _____ <input type="checkbox"/> Ad (Where) _____ <input type="checkbox"/> Other (Please specify) _____ <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Walk-in _____ | | | |

III. EDUCATION INFORMATION

| School Level | Name and Location of School | Course of Study | Circle last grade completed | Did you graduate? | Degree or Diploma |
|--------------------------|-----------------------------|-----------------|-----------------------------|---|-------------------|
| High School | | | 1 2 3 4 | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| College/University | | | 1 2 3 4 | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Post Graduate | | | 1 2 3 4 | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Business/Trade Technical | | | 1 2 3 4 | <input type="checkbox"/> Y <input type="checkbox"/> N | |

IV. SKILLS - If Applicable for Position for Which You Are Applying

| | | |
|---|---|---|
| Typing speed wpm | 10 key by Touch <input type="checkbox"/> Yes <input type="checkbox"/> No | Foreign Languages (indicate proficiency to speak, read and write) |
| PC Skills (Indicate software used) | | |
| Other Skills / Licenses / Certificates: | | |
| Do you have any experience, training, qualifications or special skills which you think make you especially suited for work at this company? (Explain) | | |

NOTICE TO APPLICANTS: This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

V. EMPLOYMENT INFORMATION (start with current or most recent employer). Account for all time periods including unemployment, self-employment and military service. (Attach separate paper(s), if necessary.)

| | | | | | | | |
|----------|-----------------|--|--------|-----------|-----|---|---------------|
| 1 | Company Name | | | Phone () | | From Mo./Yr. | To Mo./Yr. |
| | Street Address | | City | State | Zip | Starting Pay \$ | Ending Pay \$ |
| | Job Title | | Duties | | | Reason for leaving | |
| | Supervisor Name | | | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2 | Company Name | | | Phone () | | From Mo./Yr. | To Mo./Yr. |
| | Street Address | | City | State | Zip | Starting Pay \$ | Ending Pay \$ |
| | Job Title | | Duties | | | Reason for leaving | |
| | Supervisor Name | | | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Company Name | | | Phone () | | From Mo./Yr. | To Mo./Yr. |
| | Street Address | | City | State | Zip | Starting Pay \$ | Ending Pay \$ |
| | Job Title | | Duties | | | Reason for leaving | |
| | Supervisor Name | | | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

VI. ACKNOWLEDGMENT

Please read carefully, initial each paragraph, and sign below

| | |
|----------------------|--|
| Initial | The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing. |
| Initial | I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide the Company with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you. |
| Initial | In consideration of employment, I agree to obey the rules and standards of the Company. I understand that nothing contained in this application or in the interview process is intended to create a contract between the Company and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or the Company. This constitutes my entire agreement with the Company with regard to the length of my employment. |
| Initial | I understand that as a condition of employment I will be required to take a post-offer/pre-employment alcohol/drug test. I further understand that at any time during my employment, I may be required to take an alcohol/drug test if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that does not endanger my own health or the safety and health of others. |
| Initial | I understand that as a condition of employment I will be required to sign a Non-Disclosure and Non-Compete Agreement. This agreement prohibits employees from disclosing proprietary information or using such information for personal benefit. It also prohibits employees during their employment and for a period of twelve (12) months after their separation of employment, from engaging in any business that competes with Lake Medical Imaging, defined as any business whose practice is primarily engaged in providing diagnostic imaging or other radiology services, in a geographical area within a fifteen (15) mile radius of any facility at which Lake Medical Imaging is providing services as of the date of termination of employment. This Non-Compete covenant does NOT apply to UF Health facilities, nor to any other medical practice not primarily engaged in providing diagnostic imaging or other radiology services, |
| Initial | I am able to perform the essential functions of the position with or without a reasonable accommodation. |
| Initial | I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to work in the United States. |
| Initial | I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered at a later date. |
| Initial | This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply. |
| Applicant Signature: | |
| Date: | |

This employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability, veteran status, citizenship status, or marital status. We assure you that your opportunity for employment with this employer depends solely upon your qualifications.

Applicant Self-Identification Form

Applicants and employees are treated without regard to race, color, religion, sexual orientation, gender, national origin, citizenship status (unless required by a government contract), age, marital or veteran status, physical or mental disability, or any other legally protected status during every aspect of the employment process.

To help us comply with record keeping, reporting, and other requirements, please complete the survey below. This information will not be used for hiring, placement, or other decisions related to the terms and conditions of employment. This document will be kept in a confidential file, separate from applicant and personal files. When reported, data will not identify any specific individual.

**YOUR COOPERATION IS VOLUNTARY
INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION**

Name _____
Last First MI

Please check the appropriate box

Gender

- Male Female

Race/Ethnicity

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> White (Not Hispanic or Latino) |
| <input type="checkbox"/> Black (Not Hispanic or Latino) | <input type="checkbox"/> Asian (Not Hispanic or Latino) |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) | <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) |
| <input type="checkbox"/> American Indian or Alaskan Native (Not Hispanic or Latino) | |

Position Applied For: _____

How Did You Learn About the Position

- | | |
|--|---|
| <input type="checkbox"/> Newspaper/Advertisement | <input type="checkbox"/> Referred by School |
| <input type="checkbox"/> Unsolicited Resume or Application (Walk-in) | <input type="checkbox"/> Agency |
| <input type="checkbox"/> Other _____ | |

I decline completing the information being requested above

Signature