



Serving Dallas -Ft Worth and Surrounding Areas

Office (817) 465-8439 Fax: 888-968-8439

Website: ultraviewimaging.com Email: info@ultrasoundimagingconcepts.com

Employment/Independent Contractor

Equal Opportunity Employer

Ultrasound Imaging Concepts does not discriminate on the basis of race, sex, color, religion, national origin, sexual orientation, age, disability, veteran status, or any other factors made unlawful under applicable federal and state laws. All personnel decisions are made without prejudice or discrimination, in accordance with the principles of equal opportunity.

Personal Information	
Name first, Middle, Last	Today's date
Phone Number Home- _____ Cell- _____ Other- _____	
Street Address	City, State, Zip Code
How long have you lived at your current address?	Person to contact in case of an emergency (name& phone)
Are you over the age of 18? <input type="radio"/> Yes <input type="radio"/> No Do you have a current valid driver's license? Yes <input type="radio"/> No <input type="radio"/> Are you U.S Citizen? <input type="radio"/> Yes <input type="radio"/> No If no, are you legally authorized to accept employment for the specific position you are applying for? <input type="radio"/> Yes <input type="radio"/> No	Have you ever been convicted of a felony or a crime? Involving dishonesty, or a crime involving violence to other person? Yes <input type="radio"/> No <input type="radio"/> If yes, what charges _____ _____ _____
Position Requested	
<input type="radio"/> General Ultrasound Technologist <input type="radio"/> Vascular Ultrasound Technologist <input type="radio"/> Cardiovascular (Echo) Technologist <input type="radio"/> Elective Ultrasounds (2D,3D/4D, HD)	<input type="radio"/> RDMS # _____ <input type="radio"/> RVT # _____ <input type="radio"/> CCI# _____
Availability	
Date you can start:	\$ Hourly pay desired



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Please Check () the days you are available to work

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

Comments _____

How did you learn of this opportunity? Employee Referral (please list name) _____
 Advertising (please list source: _____
 Internet site: _____
 Relative (please list name) _____
 Other: _____

Have ever applied at Ultrasound Imaging Concepts before? Yes No

PLEASE LIST THREE MOST RECENT JOBS (Start with most recent or current job)	
Company:	Position:
Date: from __/__/__ to __/__/__	Supervisor:
City: State:	Phone : ()
Last Ray of Pay:	Eligible for Re-Hire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving : Resigned with notice Resigned without Terminated Still Working	
May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company:	Position:
Dates: from __/__/__ to __/__/__	Supervisor:
City: state:	Phone: ()
Last Ray of Pay:	Eligible for Re-Hire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving : Resigned with notice Resigned without Terminated Still Working	



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May we contact: <input type="radio"/> Yes <input type="radio"/> No			
Company:		Position:	
Dates: from ___/___/___ to ___/___/___		Supervisor:	
City: _____ state: _____		Phone: () _____	
Last Ray of Pay:		Eligible for Re-Hire? <input type="radio"/> Yes <input type="radio"/> No	
Reason for leaving : Resigned with notice Resigned without Terminated Still Working			
May we contact: <input type="radio"/> Yes <input type="radio"/> No			
Education			
School Name & Location	Did You Graduate?	GPA	Major/ Degree/ Year
High school:	<input type="radio"/> Yes <input type="radio"/> No		
Trade/Business School :	<input type="radio"/> Yes <input type="radio"/> No		
College/ University:	<input type="radio"/> Yes <input type="radio"/> No		
REFERENCES (UNREALTED) Title/Company Email Phone			
Name:			
Name:			
Name:			



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READ THE FOLLOWING STATEMENTS CAREFULLY. ONLY APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.

1. The information I am presenting in this application is complete, true and correct of my knowledge. I understand that any falsification, misrepresentation, or omissions could result in the denial of my application, withdrawal of any offer of employment, or immediate discharge.
2. I understand that in connection with the application process, Ultrasound Imaging Concepts and its representatives may contact my former employers, educational institution, conduct a background check, may contact references, and other relevant third parties to obtain additional information related to the information given by me in this application. I hereby consent to the release and disclosure of such information. I further release and hold harmless Ultrasound Imaging Concepts, their affiliates, officers, employees and agents, and any other parties inquiring about, investigating, furnishing, communicating, reviewing, or evaluating such information from any and all potential claims, demands, damages, liabilities, and/ or actions of any kind arising from such activities, whether known or unknown to me presently, that may have now or in the future.
3. If contracted as an independent contractor or employee, I agree to conform to the rules and regulations of Ultrasound Imaging Concepts and understand that I will be an independent contractor or employee at-will, and my employment may be terminated at any time by me or Ultrasound Imaging Concepts, with or without notice, for any reason. I understand that only an Officer of Ultrasound Imaging Concepts has the authority to enter into any agreement for employment or services for any specific period of time, or to make any agreement contrary to the foregoing, and it must be in writing and signed.

Applicant's Signature

Date: