



Application for Employment (FAX TO: 704-525-6250)

INTRODUCTION

If you need help filling out this application for the purposes of the employment process, please contact Insight Imaging and every effort will be made to accommodate your needs in a reasonable amount of time.

APPLICATION NOTE: This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A criminal conviction will not necessarily bar an applicant from employment.

GENERAL INFORMATION

Name: Last First Middle Initial

Social Security Number:

Home Phone: Work Phone:

Current Address: Street City State Zip Code

Prior Addresses: (If less than 7 years at Current Address)

Street City State Zip Code

Street City State Zip Code

In case of emergency, notify: Name Relationship Phone (H) Phone (W)

Are you legally entitled to work in the U.S.? Yes No

Have you used any names or social security numbers other than those on this page? Yes No

If yes, please explain:

Are you at least 18 years of age?: Yes No (If no, provide copy of work permit)

Have you been convicted of a crime in the past seven years? Yes No

If so, please describe below. (In accordance with company policy, this information will be reviewed for job relatedness and time since last conviction.)

- 1.
2.



AVAILABILITY

For which position are you applying? _____

What date can you start? _____

What category would you prefer: _____ Full-Time _____ Part-Time

EDUCATION

Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16

Education History and Course of Study

Name and City of High School: _____ Did you graduate: _____ Yes ___ No

If no, state last year attended: _____

Name and City of College: _____ Did you graduate: _____ Yes ___ No

If no, state last year attended: _____

Name and City of Graduate School: _____ Did you graduate: _____ Yes ___ No

If no, state last year attended: _____

Professional Certifications (Please Specify): _____

Relevant coursework or vocational education completed: _____

If attending school, please list your class schedule:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

EMPLOYMENT HISTORY

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

1. Company Name: _____ From: _____ To: _____

Position: _____ Salary: _____ per (year / hr / wk / month)

Duties: _____

Supervisor: _____ Phone: _____

May we contact: _____ Yes ___ No Reason for leaving: _____

2. Company Name: _____ From: _____ To: _____

Position: _____ Salary: _____ per (year / hr / wk / month)

Duties: _____

Supervisor: _____ Phone: _____

May we contact: _____ Yes ___ No Reason for leaving: _____



3. Company Name: _____ From: _____ To: _____
 Position: _____ Salary: _____ per (year / hr / wk / month)
 Duties: _____
 Supervisor: _____ Phone: _____
 May we contact: Yes No Reason for leaving: _____

4. Company Name: _____ From: _____ To: _____
 Position: _____ Salary: _____ per (year / hr / wk / month)
 Duties: _____
 Supervisor: _____ Phone: _____
 May we contact: Yes No Reason for leaving: _____

JOB RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

If the job requires, do you have the appropriate valid Driver's License? Yes No

Driver's License Number: _____ Type: _____ State of Issue: _____

Have you had any moving violations? Yes No

If yes, please describe: _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company:

PROFESSIONAL REFERENCES

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers and addresses are critical. (Include only individuals familiar with your work ability. Do not include relatives.)

	Name	Address / Phone	Years Known / Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____



CERTIFICATION AND RELEASE AUTHORIZATION

I certify that I have read and understand the applicant note on page one (1) of this form and that the answers given to the foregoing questions and statements are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts provided in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information, including, but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damages whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment.

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my motor vehicle operation history and criminal history from various states, and private sources, along with other public records available. I release INSIGHT IMAGING LLC and its agents, officers, stockholders and employees from any claim in the event information about me is made public.

If you need accommodation, you must notify in writing of the need for accommodation within 182 calendar days of the date you know or should have known of the need for accommodation. Failure to give timely written notice of the need for accommodation may result in the loss of your legal rights.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, EMPLOYER CONTACTED BY INSIGHT IMAGING LLC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy of this Employment Application shall be as valid as the original. This release includes all state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer, from a consumer reporting agency or a third party reporting agency. If so, I will be advised and given the agency name and source of the information.

I agree that if employed, my employment is "at will"; that is, either the Company or I may terminate my employment at any time, without cause and without notice. No employee or representative of the Company has the authority to make an exception to the Company's "at will" policy (except the president and only then by written agreement, signed by the president, which specifically states the written agreement is an exception to the Company's "at will" policy). I have no other exceptions.

Date: _____ Signature: _____

The following must be filled out completely for your application to be considered.

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____