

PRE-EMPLOYMENT APPLICATION

Our company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, creed, sex, age, color, religion, national origin, sexual orientation, marital status, public assistance status or any disability for which reasonable accommodation can be made. It is our intention that all applications be given equal opportunity and that selection decisions are based on job-related factors.

PERSONAL:

Date: ____/____/____

Name: _____ Telephone Number: (____) _____

Present Address: _____

Social Security #: _____

Are you above the minimum legal age? Yes No You may be required to submit proof of age.

Are you legally eligible to work in the United States? Yes No

If hired, you will be required to produce proof of eligibility to work in the United States, in accordance With the Immigration Reform and Control Act of 1986.

Have you ever been convicted of a felony? Yes No

Eligibility to be hired will not necessarily be affected by a positive response.

Are you able to perform the essential functions of the job for which you are applying either without accommodations or with a reasonable amount of accommodation? Yes No

Do you have any obligations that would limit your ability to travel or work overtime? Yes No

Would you be willing to relocate? Yes No

EMPLOYMENT DESIRED:

Are you seeking Full Time Part Time Temporary Employment?

Position applied for: _____ Salary Desired: _____

Date available to start: _____

Have you ever applied to our company before? Yes No If so, when? _____

Have you ever worked for our company before? Yes No If so, when? _____

How did you learn of our company and/or position? _____

EDUCATION:

Name, Address and Location	Graduate?	Courses Studied
High School	___ Yes ___ No	Diploma:
College	___ Yes ___ No	Degree:
Trade School	___ Yes ___ No	

Are you planning to pursue further studies? _____ Yes _____ No

List any scholastic honors, offices held and activities involved in during high school and college:

MILITARY:

Have you ever served in the military? _____ Yes _____ No

Service Branch: _____ Date Entered: _____

Final Rank: _____ Date Separated: _____

Are you a member of a reserve organization? _____ Yes _____ No

Briefly describe service duties:

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all of time including any periods of unemployment.

PLEASE GIVE MONTH AND YEAR

DO NOT REFERENCE YOUR RESUME

Name of Employer:	Dates Employed:	Pay:
	From: To:	Starting
Address:	Mo:_____ Mo: _____	\$_____
		Ending
City, State, Zip:	Yr:_____ Yr:_____	\$_____
Telephone: ()	Name and Title of Last Supervisor:	
Your Title:	Reason for Leaving:	
Duties:		

Name of Employer:	Dates Employed:	Pay:
	From: To:	Starting
Address:	Mo:_____ Mo: _____	\$_____
		Ending
City, State, Zip:	Yr:_____ Yr:_____	\$_____
Telephone: ()	Name and Title of Last Supervisor:	
Your Title:	Reason for Leaving:	
Duties:		

Name of Employer:	Dates Employed:	Pay:
	From: To:	Starting
Address:	Mo:_____ Mo: _____	\$_____
		Ending
City, State, Zip:	Yr:_____ Yr:_____	\$_____
Telephone: ()	Name and Title of Last Supervisor:	
Your Title:	Reason for Leaving:	
Duties:		

SUPPLEMENTAL EMPLOYMENT INFORMATION:

Are you presently employed? Yes No. If yes, may we contact your present employer? Yes No
Have you ever been fired, or asked to resign from a job? Yes No

SPECIAL SKILLS:

Please use the space below to list any special skills and abilities you possess. Describe why you are interested in working for our company and which skills and abilities you feel particularly qualify you for position with us. If you need more space, please continue on a separate sheet of paper.

REFERENCES

(Please provide three references that are not related to you.)

Name	Address	Phone	Occupation
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As part of the hiring process, Minneapolis Radiation Oncology, P.A. will be checking references. I certify that the answers given herein are true and complete to the best of my knowledge. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

Minneapolis Radiation Oncology, P.A. may contact the references identified above and may also contact past employers or educational institutions to verify information and to ask questions relating to work experiences. If accepted for employment, I agree to abide by all policies and procedures. If employed, I understand that my employment may be terminated at any time without notice or cause, by Minneapolis Radiation Oncology, P.A. or myself.

I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I understand that my employment is for no defined period of time and if terminated, Minneapolis Radiation Oncology, P.A. is liable only for wages and benefits earned as of the date of termination.

I have read and fully understand the above paragraphs.

Signature: _____ Date: ____/____/____

RELEASE FORM

NAME: _____

I certify that the information provided to Minneapolis Radiation Oncology, Inc. is true and complete to the best of my knowledge. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on the application for employment or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications, and I give my full and complete consent to their revealing any and all information pertinent to this application for employment.

Signature: _____ Date: _____

Applicant Flow Survey Form

Last Name	First Name	Middle Initial(s)
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Date	Position(s) for which you are applying.
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Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative

action program, and report the results to the Minnesota Department of Human Rights. Please help us gather this information by identifying your sex, group status, and disability status on this form.

Providing this information is completely voluntary. Failure to provide any or all of this information will not subject you to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations, and *for no other purpose*. * When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

1. Group Status

- Caucasian
- American Indian / Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander

2. Gender

- Female
- Male

3. Disability Status

- I have a disability
- Yes
- No

* **This form is *not* used for employment decisions.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.