



Imaging for Women
 630 NW Englewood Road
 Kansas City, MO 64118
 Phone: (816) 453-2700
 Fax: (816) 453-9943

APPLICATION FOR EMPLOYMENT

Personal Information

Date of Application: _____

Name: _____
 Last First Middle

Address: _____
 Street (Apt) City/State Zip

Alternate Address: _____
 Street City/State Zip

Contact Information: _____
 () ()
 Home Telephone Mobile Telephone Email

How did you learn about our company? _____

POSITION SOUGHT: _____ **Available Start Date:** _____

Desired Pay Range: _____ **Are you currently employed?** _____
 Hourly or Salary

EDUCATION

	Name and Location	Graduate?-Degree?	Major/Subject of Study
High School			
College/University			
Specialized Training, Trade School, etc....			
Other Education			

Your Availability For Work

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Total hours per week you are available to work: _____

Do you have any special requests/needs for a work schedule? _____

Please list your areas of highest proficiency, special skills, or other items that may contribute to your abilities in performing the above mention position:

Give Three References That Are Not Former Employers Who We May Contact

Name and Occupation	How do you know them, and for how long?	Phone Number

Previous Experience

Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background and credit history check. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with Imaging for Women, any employment relationship with Imaging for Women is considered "employment at will." This means the employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and with or without advance notice.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:	Date:
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