



Minneapolis Radiation Oncology, P.A.

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. All applications will be given equal opportunity. Selection decisions are based on job-related factors.

Today's Date _____

Name _____ Phone Number (____) _____

Present Address _____

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

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

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)?* Yes No

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? _____



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EDUCATION:

| Name, Address and Location | Graduate? | Courses Studied |
|--------------------------------------|--|----------------------------------|
| High School _____ _____ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | Diploma: _____ _____ _____ |
| College _____ _____ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree: _____ _____ _____ |
| Trade School _____ _____ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> 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:



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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: _____

Employed From: _____ / _____

Address: _____

Employed To: _____ / _____

City: _____

Starting Pay: \$ _____

State, Zip: _____

Ending Pay: \$ _____

Name/Title of Last Supervisor: _____

Telephone: (_____) _____

Reason for Leaving: _____

Your Title: _____

Duties: _____

Name of Employer: _____

Employed From: _____ / _____

Address: _____

Employed To: _____ / _____

City: _____

Starting Pay: \$ _____

State, Zip: _____

Ending Pay: \$ _____

Name/Title of Last Supervisor: _____

Telephone: (_____) _____

Reason for Leaving: _____

Your Title: _____

Duties: _____

Name of Employer: _____

Employed From: _____ / _____

Address: _____

Employed To: _____ / _____

City: _____

Starting Pay: \$ _____

State, Zip: _____

Ending Pay: \$ _____

Name/Title of Last Supervisor: _____

Telephone: (_____) _____

Reason for Leaving: _____

Your Title: _____

Duties: _____



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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 |
|------|---------|-------|------------|
|------|---------|-------|------------|

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 _____

Once the application is complete, please email it to careers@mropa.com