



PRE-EMPLOYMENT APPLICATION FORM

Our company is an equal opportunity employer and will consider 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 _____

Email Address _____

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? _____



EDUCATION:

Name, Address and Location Graduate? Courses Studied

College _____ Yes No Courses Studied/Degree _____

Trade School _____ Yes No Courses Studied/Degree _____

Are you planning to pursue further studies? Yes No

List any scholastic honors, offices held and activities involved in during college (if applicable):

Four horizontal lines for listing scholastic honors and activities.



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.

DO NOT REFERENCE YOUR RESUME

PLEASE GIVE MONTH AND YEAR

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: _____



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 a 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	Email	Phone	Occupation
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

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



Printed Name _____ Date _____

Position(s) For Which You Are Applying _____

Minneapolis Radiation Oncology, P.A. values diversity. We are an affirmative action employer and to comply with the equal employment opportunity and affirmative action (EEO/AA) regulations, we must track our applicants by gender and race/ethnicity for the government. For this reason, we invite you to voluntarily self-identify your gender and race/ethnicity below.

This information is kept confidential and separate from your application. It will be used only by Human Resources to comply with our government reporting requirements. Providing this information is completely voluntary. Choosing not to complete this form or disclose this information will not subject you to any adverse treatment.

GENDER:

- Female Male Unspecified I choose not to disclose

RACE/ETHNICITY:

Are you **Hispanic or Latino**? (A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.) Yes No

If no, please select a race from the options below:

- White** (A person having origins in any of the original people of Europe, Middle East or North Africa.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Asian** (A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand, Vietnam or the Philippine Islands.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.)
- American Indian or Alaskan Native** (A person having origins in any of the original people of North, South or Central America who maintain tribal affiliation or community attachment.)
- Two or More Races** (A person who primarily identifies with two or more of the above race/ethnicity groups.)
- I choose not to disclose.



Printed Name _____ Date _____

WHY ARE YOU BEING ASKED TO COMPLETE THIS FORM?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

HOW DO I KNOW IF I HAVE A DISABILITY?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- Yes, I have a disability (or previously had a disability)
- No, I don't have a disability.
- I choose not to disclose.

REASONABLE ACCOMMODATION NOTICE

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.