



CENTENNIAL MEDICAL IMAGING

7610 West Cheyenne Blvd.
Las Vegas, Nevada 89129
Office 702-942-1749
Fax 702-685-7052

EEO/ADA Employer

*** Please read employment application instructions before completing this form ***

Form with sections: POSITION FOR WHICH YOU ARE APPLYING; Check all that you may be interested in: Full-Time, Part-time, Job-Share; Last Name, First Name, Middle Initial; Mailing Address, City, County; State, Zip, Cell Telephone No., Home Telephone No., Business Phone No., E-Mail Address; Driver's License #, State, Expiration Date, License Class, Endorsement; Are you claiming Veteran's Preference?; Have you ever been convicted of a felony since your 18th birthday?; Are any of your educational or employment records found under a different last name?; Are you currently employed by City-Parish Government?; Are you a former employee of the City-Parish Government?; Have you ever been discharged or forced to resign from any position?; Do you have any relatives working for the City-Parish Government?; If hired, are you authorized to work in the United States?; Do you now hold or are you a candidate for an elective public office?; References table with columns Name and Telephone Number; For Office Use Only: Date and Time Received.

EDUCATION AND TRAINING

ELEMENTARY AND HIGH SCHOOL EDUCATION

Highest Grade Completed (choose one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Did you graduate from High School or obtain a GED? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	Name and Location of Last School Attended (High School, Junior High or Elementary) Name: _____ Location: _____
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Indicate the **number** of courses completed in each subject:

_____ algebra	_____ biology	_____ bookkeeping
_____ calculus	_____ geometry	_____ trigonometry

RELATED SPECIAL TRAINING (CORRESPONDENCE, BUSINESS, TRADES, VOCATIONAL, ARMED FORCES SCHOOLS, ETC.)

Names and Locations of School	Dates Attended (Mo & Yr)		Courses/Subjects Completed	Credit Hours	Diplomas/Certificates Received
	From	To			

COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE & GRADUATE)

****Must be from a recognized accredited school - Bring original transcript with initial application****

Names and Locations of School(s)	Dates Attended (Mo & Yr)		Credit Hours		Type of Degree Earned (e.g.BA/BS)	Major	Minor
	From	To	Semester	OR Quarter			

Major <u>Undergraduate</u> College Subjects	Credit Hours			Major <u>Graduate</u> College Subjects	Credit Hours		
	Semester	OR	Quarter		Semester	OR	Quarter

RELATED LICENSES (provide original)

Professional License Issued By	Field/Trade Specialization	License Number	Issue Date	Expiration Date

SKILLS

<input type="checkbox"/> Access	<input type="checkbox"/> Hansen	<input type="checkbox"/> Drafting	<input type="checkbox"/> Excel/Lotus	<input type="checkbox"/> Other software	Languages spoken and written FLUENTLY _____ _____ _____
<input type="checkbox"/> ORACLE	<input type="checkbox"/> GIS	<input type="checkbox"/> Auto Cad	<input type="checkbox"/> Word/WordPerfect	_____	
<input type="checkbox"/> Approach	<input type="checkbox"/> Typing _____ wpm	<input type="checkbox"/> PowerPoint	_____	_____	

Also include specific software experience in your job descriptions.
 Ask about PC skills exams and provide certificates of courses completed.

EMPLOYMENT HISTORY

May we contact your present employer?

YES NO

1

Starting Date
month / day / year

Ending Date
month / day / year

Employer/Company Name and address (city and state are required)

Paid Work Volunteer

Hours per Week

Name & Title of Immediate Supervisor

Telephone Number

Reason for Leaving

Title of Position Held

Number & Job Title of Employees you Supervised

Describe job responsibilities in order of importance:

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Starting Date
month / day / year

Ending Date
month / day / year

Employer/Company Name and address (city and state are required)

Paid Work Volunteer

Hours per Week

Name & Title of Immediate Supervisor

Telephone Number

Reason for Leaving

Title of Position Held

Number & Job Title of Employees you Supervised

Describe job responsibilities in order of importance:

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Signature

Date

Social Security Number

(Unsigned applications will not be considered)

Reminder: With your application, bring original transcripts, training certifications, professional licenses & certifications and other documents as indicated in the application instructions. Once in our database, they need not be brought again.

APPLICANT DATA

The information requested in the following questions will not affect you as an applicant. This information will be used to determine if our recruitment efforts are reaching all segments of the community, to meet federal EEO reporting requirements and to conduct background checks.

Last Name		First Name			Middle Initial	
Social Security Number (required)	Date of Birth (Req'd)	Month	Date	Year	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Ethnic Origin			Race			
Hispanic or Latino <input type="checkbox"/>	Non-Hispanic or Non-Latino <input type="checkbox"/>	American Indian/ Alaskan Native <input type="checkbox"/>		Native Hawaiian or other Pacific Islander <input type="checkbox"/>		
		Asian <input type="checkbox"/>	Black <input type="checkbox"/>	White <input type="checkbox"/>		

Please indicate how you learned about this job:

Media	Job Posting	Organizations	Other
The Las Vegas Review Journal <input type="checkbox"/>	City job line <input type="checkbox"/>	High school <input type="checkbox"/>	Walk-in <input type="checkbox"/>
Trades Journal <input type="checkbox"/>	Weekly job announcement <input type="checkbox"/>	Vocational/Trade School <input type="checkbox"/>	Job Fair: _____ <input type="checkbox"/>
Which one? _____		Which one? _____	
Radio <input type="checkbox"/>	Continuous recruitment list <input type="checkbox"/>	College <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
Which station? _____		Which one? _____	
Television <input type="checkbox"/>	City bulletin board <input type="checkbox"/>	Minority referral source <input type="checkbox"/>	
Which station? _____	Where? _____	Which one? _____	
Web site <input type="checkbox"/>	Other: _____ <input type="checkbox"/>	Job Service <input type="checkbox"/>	
Which one? _____			
Other: _____ <input type="checkbox"/>		Other: _____ <input type="checkbox"/>	