



Corporate Office  
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Palm Beach Gardens, Florida 33410  
Phone: (561) 626-5512 Fax: (561) 626-4530  
www.auroradx.com

## APPLICATION FOR EMPLOYMENT

### Notice to Applicants

Aurora Diagnostics does not discriminate on the basis of race, creed, color, national origin, sex, religion, age, disability, marital status, citizenship, veteran status, handicap, AIDS, AIDS-related complex, HIV or sickle-cell trait, height weight, arrest record in which a conviction does not result, familial status, tobacco use outside of employment, breast feeding, sexual orientation, genetic predisposition or carrier status, or any other characteristic prohibited by law. Our management is dedicated to ensuring the fulfillment of this policy with respect to hiring, selection for training, promotion, transfer, rates of pay or other forms of compensation and general treatment during employment. We expect everyone to show understanding and consideration to fellow employees and to respect and observe this policy.

Aurora Diagnostics is a Drug-Free Workplace. We are committed to protecting the safety, health and well being of all employees in our workplace. We recognize that drug and alcohol abuse pose a significant threat to our company goals and objectives. We have established a drug-free and alcohol-free environment for all employees. Aurora Diagnostics is an "At Will" Employer. This means that the employment relationship is for no specific term and may be terminated by me or Aurora Diagnostics at any time for any reason with or without advanced notice and with or without cause.

### Applicant's Acknowledgement & Authorization

I certify that all statements (verbal and written) in this application (or any other accompanying documents) are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for in the employment application, resume, interview process or other application material may prohibit consideration for employment at Aurora Diagnostics and maybe cause for immediate dismissal at any time without notice. I authorize the investigation of all matters contained in this application and hereby give Aurora Diagnostics permission to contact schools, present or former employers, division of motor vehicles, references and others, and hereby release Aurora Diagnostics, schools, previous employers and references from any liability as a result of such contact.

If employed by Aurora Diagnostics, I agree to comply with all safety regulations, company policies and procedures, and local, state and federal laws pertaining to my employment. Although management makes every effort to accommodate individual preferences, organization needs may make the following conditions mandatory: overtime, rotating work schedule, or a work schedule other than Monday through Friday or normal business hours. I understand and accept these as conditions of my employment should I be hired. I further understand that acceptance of an offer of employment does not create a contractual obligation upon Aurora Diagnostics to continue to employ me in the future or for any specific term.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application. I understand that an offer of employment may be conditioned upon complying with all of Aurora Diagnostics' pre-employment requirements including, but not limited to, signing any requested consent for Aurora Diagnostics to conduct an investigation or obtain a report about my background. I understand that an offer of employment may be conditioned upon the results of such investigation or report about my background that are satisfactory to Aurora Diagnostics, consistent with applicable law.

I have reviewed this application carefully and I hereby affirm that my statements and answers to all questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance that, if disclosed, would affect my application unfavorably. I understand that I may be required to submit to any or all alcohol/drug testing before hire and during the course of my employment.

I have read and agree to the above terms and conditions:

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Application for Employment:

Please answer all questions. Resumes are not accepted in lieu of completion of this application.

Last Name		First	Middle	Date of Application	
Street Address				Home Telephone	
City, State, Zip Code				Work Telephone	
Position Desired		Employment Desired (check all that apply)		Salary Desired	Date Available
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per Diem <input type="checkbox"/> Temporary		\$	
Days Available (check all that apply)				Shift Desired (check all that apply)	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday				<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights	

## HOW WERE YOU REFERRED TO AURORA DIAGNOSTICS?

Employee (Name)	Friend (Name)	Other (Explain)
Ad (Name of Newspaper/Publication)	Job Fair/Conference (Location/Date)	Internet (Name of Site)

## GENERAL INFORMATION

Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Upon employment, are you able to provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?  Yes  No

Have you ever been terminated from any employment or asked to resign?  Yes  No

Are you able to perform the essential requirements of this job with or without reasonable accommodation?  Yes  No

Are you at least 18 years of Age?  Yes  No (If no, you may be required to provide authorization to work).

Have you ever been employed by Aurora Diagnostics or one of its divisions before?  Yes  No

**MASSACHUSETTS APPLICANTS:** Under Massachusetts law, an employer is prohibited from making inquiries of an applicant about his or her criminal history on an initial written application form. MASSACHUSETTS APPLICANTS SHOULD NOT RESPOND TO THE QUESTIONS BELOW SEEKING CRIMINAL RECORD INFORMATION. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law is subject to criminal penalties and civil liability.

Have you ever been convicted of a felony?  Yes  No

Have you ever been convicted of a misdemeanor within the past five years (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)?  Yes  No

Have you completed a period of incarceration within the past five years for any misdemeanor (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)?  Yes  No

If the answer to question number 3 above is "yes" please state whether you were convicted more than five years ago for any offense (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)?  Yes  No

## EDUCATION

Type Of School	Name of School	Location (Complete Mailing Address)	Years Completed	Diploma or Degree
High School				
Business, Trade or College				
Graduate School				
Other				

## EMPLOYMENT EXPERIENCE

List all work experience and begin with most recent employment. Please attach a separate sheet of paper if necessary.

<b>Company</b>	<b>Phone Number</b>	Dates Employed		Job Title
		From Mo/Yr	To Mo/Yr	
Address, City, State and Zip				Duties Performed
Immediate Supervisor and Title		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Annual Salary		
Reason for leaving?		Starting \$	Ending \$	

  

<b>Company</b>	<b>Phone Number</b>	Dates Employed		Job Title
		From Mo/Yr	To Mo/Yr	
Address, City, State and Zip				Duties Performed
Immediate Supervisor and Title		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Annual Salary		
Reason for leaving?		Starting \$	Ending \$	

  

<b>Company</b>	<b>Phone Number</b>	Dates Employed		Job Title
		From Mo/Yr	To Mo/Yr	
Address, City, State and Zip				Duties Performed
Immediate Supervisor and Title		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Annual Salary		
Reason for leaving?		Starting \$	Ending \$	

  

<b>Company</b>	<b>Phone Number</b>	Dates Employed		Job Title
		From Mo/Yr	To Mo/Yr	
Address, City, State and Zip				Duties Performed
Immediate Supervisor and Title		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Annual Salary		
Reason for leaving?		Starting \$	Ending \$	

COMMENTS: (please explain any gaps in employment or indicate any work performance on a volunteer basis):

## SKILLS & QUALIFICATIONS

Summarize specific skills, training and qualifications acquired from employment or other experiences that are related to the position for which you are applying.

Computer Skills (Indicate software used): \_\_\_\_\_

Foreign Languages: \_\_\_\_\_

Other: \_\_\_\_\_

Do you have any experience, training, qualifications or special skills which you think make you especially suited for work at this company?

(Explain): \_\_\_\_\_

Typing Speed: \_\_\_\_\_

Medical Transcription:  Yes  No

Medical Terminology  Yes  No

## PROFESSIONAL LICENSES

List any professional license(s) and/or certification(s) that are related to the position for which you are applying.

Professional License or Certification	License or Certification Number	State	Expiration Date (mm/dd/yyyy)

## REFERENCES

List three business/work references that are not related to you and are not previous supervisors that we may contact.

<b>Company</b>	Name	Title
Address, City, State and Zip		Phone Number
<b>Company</b>	Name	Title
Address, City, State and Zip		Phone Number
<b>Company</b>	Name	Title
Address, City, State and Zip		Phone Number

## OTHER INFORMATION

Please list below any other information or remarks that you wish to have considered as part of your application for employment.
