



Associates in Medical Physics, LLC

10210 Greenbelt Rd, Suite 110
 Lanham, MD 20706
 (P) 301-220-3850 (F) 240-542-0318
 HR (F) 240-542-0323

Employment Application

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Personal Information

Last	First	MI	SSN:	
Street Address		City	State	Zip Code
Home Phone	Mobile	Email		
What position are you applying for?		Desired Salary:	Date Available:	
Please list any skills you have related to the position you are applying for:				

Are you authorized to work in the United States for any employer? Yes No
(If your authorization for employment in the US contains restrictions please explain)

Optional: Did you serve in the U.S. Armed Forces? Yes No

Branch of Service: _____ Dates: from _____ to _____

Have you been convicted of a felony in the last 7 years? Yes No (If yes, please explain)

Education

Check here if this information is Included in your resume

	Name & Location of School	Major	Diploma/Degree
High School			
College/University			
College/University			
Other			

License & Certification

Check here if this information is Included in your resume

License/Certification	Expiration Date

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Employment History Check here if this information is Included in your resume Check here if you do not wish us to contact your current employer until after the interview

Current or last employer:			Phone number:	
Address:		City:	State:	Zip:
Start Date:	End Date:	Supervisor Name:		
Starting Salary:	Position:			
Present Salary:	Position:			
Reason for leaving:				
Summary of Job Responsibilities:				
Previous employer:			Phone number:	
Address:		City:	State:	Zip:
Start Date:	End Date:	Supervisor Name:		
Starting Salary:	Position:			
Present Salary:	Position:			
Reason for leaving:				
Summary of Job Responsibilities:				
Previous employer:			Phone number:	
Address:		City:	State:	Zip:
Start Date:	End Date:	Supervisor Name:		
Starting Salary:	Position:			
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Summary of Job Responsibilities:				

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Professional References

Check here if this information is included in your resume or will be provided at an interview

Name	Company Name	Occupation	Relationship	Phone	Email

I certify that the statements made on this application are true and correct to the best of my knowledge. I understand that falsification or misrepresentation may result in the denial of employment or, if employed, immediate termination. By signing this application I authorize RMA/AMP to perform any background, criminal, DMV or credit check necessary to determine suitability for employment.

The Employee Polygraph Protection Act generally prohibits most private employers from requiring or requesting lie detector similarities either for pre-employment screening or during the course of employment and from discharging, disciplining or discriminating against an employee or applicant for refusing to take a test or for exercising their rights under the Act.

Applicant Signature

Date