



# White Mountain Medical Staffing, LLC

## Application

### Medical Imaging Application

Social Security No.	Date Available	Discipline
First Name	Last Name	Middle Initial
Current Address		
City	State	Zip
Current Phone	Email Address	

### Education

School	State	Graduation Date
Degree Type		

### Licenses

Registry Organization	License Number	Expiration Date
Registry Organization	License Number	Expiration Date
Registry Organization	License Number	Expiration Date

### Work History

Please attach resume with a list of your complete work history at the end of this application.

## Other Information

Last Physical

Last Chest X-Ray

Last PPD Test

Ever convicted of a felony?

No

Yes

If yes, please explain.

## References

References should be from clinical peers who have observed and/or supervised you in a professional environment.

Name

Title

Phone

Facility

City/State

May we contact? Yes

Name

Title

Phone

Facility

City/State

May we contact? Yes

Name

Title

Phone

Facility

City/State

May we contact? Yes

Signature

Date

When completed, fax application and resume to (303) 410-1423