White Mountain Medical Staffing, LLC

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.

Have you ever been employed or are currently employed for any of the following health systems?

UCHealth: N/A ☐   Currently Employed ☐   Employment Dates

If previous employer, did you leave in good standing?   Yes ☐   No ☐

Comments:

SCL: N/A ☐   Currently Employed ☐   Employment Dates

If previous employer, did you leave in good standing?   Yes ☐   No ☐

Comments:

HCA / Health One: N/A ☐   Currently Employed ☐   Employment Dates

If previous employer, did you leave in good standing?   Yes ☐   No ☐

Comments:

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 ☐

Printed Name

Signature   Date

When completed, please fax application and resume to: (303) 410-1423 or email tonya@whitemountainmedical.com.