

Date: \_\_\_\_\_  
Candidate's Name: \_\_\_\_\_  
Position Desired: \_\_\_\_\_  
Referred By: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Telephone # \_\_\_\_\_  
Cell # \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Preferred contact method:  Home #  Cell #  E-mail  
Highest Level of Education Completed:  High School  Associates  
 Bachelors  Masters  Medical School

**Radiologists ONLY:**

**Personal Information**

1. Position Seeking:  Teleradiology  Onsite Radiologist
2. Status Seeking:  Full-Time  Part-Time  Days  Evenings  Weekends
3. Current Employment: \_\_\_\_\_
4. Fellowship Trained:  YES  NO
5. Years in Practice after Residency/Fellowship: \_\_\_\_\_
6. State License(s): (please list all) \_\_\_\_\_

**Current Practice**

1. Currently Working with:  Radiologist Group  Hospital  Imaging Center  Teleradiology
2. Name of Hospital or Group: \_\_\_\_\_
3. Location (City/State): \_\_\_\_\_
4. Subspecialties: \_\_\_\_\_
5. Modalities: \_\_\_\_\_

**Qualifying Questions**

1. Reason for Pursuing Aris: \_\_\_\_\_
2. Years in Practice after Residency: \_\_\_\_\_
3. Are you planning or would you like to relocate:  YES  NO
4. Have you used Voice Recognition systems:  YES  NO  
If yes, which product(s): \_\_\_\_\_
5. When are you available to start: \_\_\_\_\_
6. Do you have Exclusivity or a Non-Compete Agreement: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Please e-mail or fax this application along with your Resume or Curriculum Vitae to:  
[hr@arisrad.com](mailto:hr@arisrad.com) or via Fax to 330.655.3828 Attn: HR