

# Online Profile & Affirmative Action Form

1. Please complete the following applicant profile.
2. Please click the 'Submit Information' button at the end of the form to send this form to us.

**Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Daytime Phone:**

XXX-XXX-XXXX

**Evening Phone:**

XXX-XXX-XXXX

**E-mail Address:**

**Imaging Professionals (check all that apply):**

Diagnostic Radiology

Ultrasound

Vascular Ultrasound

Cardiac Ultrasound

Mammo

Nuclear Medicine

Radiation Therapy

C-Arm

Cath Lab

Specials

OR

Other: Please specify:

**Nursing Professionals and Ancillary Professionals (check all that apply):**

Registered Nurse

Licensed Vocational Nurse

Physician Assistant

Nurse Practitioner

Medical Assistant

Certified Nursing Assistant

Phlebotomist

Respiratory Therapist

Psychiatric Technician

**Nursing Specialty (check all that apply):**

Medical Surgery

L & D

ICU

Clinic

ER

Cardiac

NICU

Oncology

Pediatrics

Telemetry

**State & License Number:**

State License #

**Additional Licenses:**

State License #

State License #

**Other ~ please specify:**

**Current Experience (check only one):**

1-2 years                      2-5 years  
5-10 years                      More than 10 years

**Criminal History:**

Have you ever been convicted of a felony or a crime?

Yes                      No

**Interested (check all that apply):**

Local                      Contract  
PRN                      Temp-to-Hire

**Shift Preferences (check all that apply):**

Days                      Nights  
Weekends                      Holidays

**Availability:**

Now                      Date:

**Would You Like to Travel?**                      Yes                      No

**Referral Source (check all that apply):**

MEDRelief Employee (Name of employee):  
Friend (Name of friend):  
Online Catalog                      Postcard  
AHEC class (Please specify class):  
E-mail                      Social Media (Please specify; ex. Facebook or Twitter):  
CareerBuilder                      Search engine:  
Link from another site ~ please specify:  
Medical facility/medical journal ~ please specify:  
Other:

Additional Comments or Questions:

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## AFFIRMATIVE ACTION QUESTIONNAIRE

Advanced Health Education Center, Ltd is a Government contractor and is subject to affirmative action obligations pursuant under Executive Order 11246 (minorities and females), the Rehabilitation Act of 1973 (individuals with disabilities) and the Vietnam-Era Veterans Readjustment Assistance Act of 1974 ("VEVRAA" - covered veterans). Our company is requires to report sex and race/ethnic origin of applicants for employment. Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or disability. The information requested below is voluntary; failure to provide the information will not jeopardize or adversely affects consideration of your employment. Your cooperation is appreciated. The information obtained will be kept confidential and may only be used in accordance with applicable laws. When data is reported, it will not identify any specific individual.

**Print Name** (*Last, First, Middle*):

**Date:**

**Date of Birth** (*mm/dd/yyyy*):

**Position sought:**

**Job Location:**

**Gender** (Please check one):                      Male                      Female

**Ethnic Group:**

**Hispanic / Latino** (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)

**Non Hispanic / Latino** (If this is checked, please select from the racial groups below)

**Racial Groups** (If Non-Hispanic/Latino was selected above, please **check one**):

**American Indian / Alaskan Native** (All persons having origins in any of the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community attachment.)

**Asian** (All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

**Black / African American** (All persons having origins in any of the Black racial groups of Africa.)

**Native Hawaiian / Other Pacific Islander** (Any persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

**White** (All persons having origins in any of the original people of Europe, North Africa, or Middle East.)

**Two or More Races** (All persons who identify with more than one of the above races.)

**Veterans** (A veteran of the US military, ground, naval or air service): **Please check all that apply:**

**Disabled Veteran** (1. A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of VA. 2. A person who was discharged or released from active duty because of a service-connected disability.)

**Other Protected Veteran** (A veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.)

**Armed Forces Service Medal Veteran**

**Recently Separated Veteran** (A veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.)

**Most Recent Discharge/Release Date:**