Application for Employment for Executive Director Conference of Radiation Control Program Directors, Inc.

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law.

(Please print legibly and attach a current resumé) Date: Name: _____ Social Security No. First Middle Address: _ City State Zip Position Applied For:_____ Telephone No.: _ Date you are available to work: ___/__/ Indicate special qualifications or skills: Please Indicate Minimum Salary Requirement: **EDUCATION Education Completed** Degree College/University Course of Study Years Attended **Please Specify** College: Undergraduate Studies **Post Graduate Studies:** Other: Other: Are you presently employed? Yes ___ No __ Name of Employer: _____ May we contact your present employer? Yes ___ No ___ Person to contact:_____ Employer's phone number: _____ **MILITARY SERVICE Date Discharged Branch of Service From** To Rank & Duties PRIOR EMPLOYMENT (Start with most recent employer. Add attachment if necessary) From: To: Employer: Phone: Address: Position:

Supervisor:

Starting Salary:

Final Salary:

Revised January2025

Reason for Leaving:

Duties:

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Employer: Phone:			From:		То:	
Address:			Position:			
Duties:			Supervisor:			
			Starting Salary:			
Reason for Leaving:			Final Salary:			
Employer: Phone:			From: To:		То:	
Address:			Position:			
Duties:			Supervisor:			
			Starting Salary:			
Reason for Leaving:			Final Salary:			
PERSONAL REFERENCES						
Name	Address	Em	ail Address	Years Known	Telephone No.	
I understand this application does not constitute an employment contract of any kind. Should I be employed by the CRCPD without a written contract signed by both parties, I may resign such employment at any time at my discretion with or without prior notice, and the CRCPD may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.						
Date Signature of Applicant:						
DO NOT WRITE IN THIS BLOCK (For OED Use Only) Summary of Initial Interview (Add attachment if necessary)						
Interviewed by:	wed by: Date:					
Summary of Follow-up Interview If Necessary (Add attachment if necessary)						
Interviewed by:	Date:					
Accepted for employment: Yes No Scheduled to start work: / _ / Salary: Other Special Conditions of Employment:						
Approved by:	Chairmagan	:			-	
CRCPD	Chairperson					