

Cardiology Associates PC

Application for Employment

Please Print

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Position Applied For: _____

Date of Application: _____

How did you learn about us?

Advertisement

Friend

Walk-In

Employment Agency

Relative

Other _____

Last Name: _____

First Name: _____

Middle Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number(s): _____

Email address: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes

No

Have you ever filed an application with us before?

Yes

No

If yes, give date: _____

Have you ever been employed with us before?

Yes

No

If yes, give date: _____

Are you currently employed?

Yes

No

May we contact your present employer?

Yes

No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

Yes

No

Proof of citizenship or immigration status will be required upon employment.

On what day will you be available for work? _____

Are you available to work : Full Time

Part Time

Temporary

Are you currently on "lay off" status and subject to recall?

Yes

No

Can you travel if a job requires it?

Yes

No

Have you been convicted of a felony within the last 7 years?

Yes

No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain: _____

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Education:

	High School	Undergraduate College/Univ	Graduate Professional	Other Education
School Name and Location				
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma / Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities.				

Describe any honors you have received.

State any additional information you feel may be helpful to us in considering your application.

Indicate any foreign languages you can speak, read and / or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes No

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Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			
2. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			
3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			
4. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Cardiology Associates, PC is of an 'at will' nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this 'at will' employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Cardiology Associates, PC.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR CARDIOLOGY ASOCIATES PC USE ONLY

Arrange Interview Yes No
Remarks _____

Employed Yes No
Interviewer _____ Date _____

Date of Employment _____

Job Title _____ Rate/Salary _____

Department _____

By: _____
Name and Title _____ Date _____

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