



APPLICATION FOR EMPLOYMENT

Cardiac Solutions

Please print all information except signature

Equal Opportunity Employer

Applications for employment are considered without regard to race, religion, color, national origin, age, sex, disability, genetics or veteran's status.

Date: _____

Position(s) Applied For:				
Referral Source	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Phonebook	<input type="checkbox"/> Internet	<input type="checkbox"/> Other (specify):
	<input type="checkbox"/> Referred by (name):			

GENERAL INFORMATION

Name						
	Last	First	Middle			
Address						
	Street		Apt #	City	State	Zip
Home Telephone			Cell Phone			
Email Address						

Are you able to perform the essential functions of the position for which you are applying without accommodations?
 Yes No If you answered no please explain

Have you ever submitted an application or been employed with our company? Yes No

Are you currently employed? Yes No
 If yes, may we contact your employer? Yes No

Are you a United States citizen? Yes No If no, do you have a valid work permit? Yes No
 Proof of citizenship or immigration status will be required upon employment

Employment desired: Full-Time Part-time Temporary Desired Salary: \$ _____ / hour
 / year

When can you begin employment?

Are you willing to travel if a job requires it? Yes No If necessary, are you able to work overtime? Yes No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Have you ever been excluded from participation in any state or federal health care program? Yes No

If yes, please provide details – date, time, facts involved, and current status:

Have you ever been debarred, suspended, or other wise excluded from participating in any other Federal procurement or non-procurement program or activity? Yes No

If yes, please provide details – date, time, facts involved, and current status:

REFERENCES

Please list two professional references:

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Email Address _____

Email Address _____

Phone # _____

Phone # _____

WORK EXPERIENCE*

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets, if necessary. Exclude organization names which indicate race, religion, color, national origin, age, sex, disability, or veteran's status.

Most Recent Employer	Dates Employed	Work Performed
Name:	From:	
Address:	To:	
	Salary:	
Telephone:	Supervisor/Manager:	
Job Title Held:	Reason for Leaving:	

Previous Employer		Dates Employed	Work Performed
Name:	From:		
Address:	To:		
	Salary:		
Telephone:	Supervisor/Manager:		
Job Title Held:	Reason for Leaving:		

Previous Employer		Dates Employed	Work Performed
Name:	From:		
Address:	To:		
	Salary:		
Telephone:	Supervisor/Manager:		
Job Title Held:	Reason for Leaving:		

Previous Employer		Dates Employed	Work Performed
Name:	From:		
Address:	To:		
	Salary:		
Telephone:	Supervisor/Manager:		
Job Title Held:	Reason for Leaving:		

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City & State)	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Bus. Or Trade School				
Professional School				
Special Honors				

COMPUTER SKILLS (Only for positions that require computer skills)

Check off those computer skills with which you are proficient (any version)

- PC User Macintosh User Windows Microsoft Word Microsoft Access
 Microsoft Excel Internet Explorer Microsoft Outlook Microsoft Publisher
 Electronic Medical Record Program(s) (specify): _____

DRIVER'S LICENSE (Only for positions that require driving)Do you have a Driver's License? Yes No

Driver's License #		Issuing State	
Expiration Date		DL Classification	
Have you had any accidents during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many?	
Have you had any moving violations during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many?	

MILITARY (If applicable, please attach a copy of form DD214)Are you a veteran of the United States military service? Yes No If yes, please provide the following:

Branch of Service	
Date Discharged	
Describe any special skills or training acquired while in the service:	

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

DISCLOSURES

Please read each section carefully and sign where indicated

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

PLEASE SIGN HERE: _____

Date: _____

Thank you for applying to Cardiac Solutions