



An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Date of Application _____ **Position(s) Applied For** _____

PERSONAL

Name _____ **Telephone** _____ **Mobile** _____

Last First

Address _____
 Number Street City State Zip Code

Have you worked for CVM, PC before? Yes No
Are you over the age of 18 years? Yes No
Are you legally eligible to work in the United States? Yes No
(Proof of identify and eligibility will be required upon employment)
***Have you ever been discharged or disciplined for performance-related reasons?** Yes* No
***Have you ever been discharged or disciplined for attendance-related reasons?** Yes* No
***Have you ever been convicted of a crime or violation other than a minor traffic infraction?** Yes* No

(A conviction will not necessarily disqualify applicant from employment. Illinois applicants: Under Illinois law, applicants are not obligated to disclose sealed or expunged records of conviction or arrest.)

***If answered yes, please explain:** _____

EDUCATION

Check highest degree obtained: GED HS Diploma Associates BA/BS Masters Other _____

Describe course of study _____

List any other experience, skills or training applicable to the position for which you are applying:

SCHEDULE AVAILABILITY

On what date are you available to work? _____

Are you available to work: Full-time Part-time Occasional/PRN Temporary

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday
From:					
To:					

(NOTE: Work schedules are based upon the needs of the Practice and may be subject to change).

EMPLOYMENT HISTORY

Start with your present or most recent position. Include military service assignments and volunteer activities. (You may exclude organization names that would reveal of race, color, religion, age, sex, marital status, national origin, physical or mental disability, sexual orientation, genetic information, or any other characteristic protected by law).

Name of Employer _____ Dates of Employment _____ to _____

Address _____ Job Title _____ Supervisor _____

Beginning pay _____ Ending pay _____

Telephone _____ Reason for leaving _____

Duties Performed _____

Explain any gap between jobs _____

Name of Employer _____ Dates of Employment _____ to _____
Address _____ Job Title _____ Supervisor _____
_____ Beginning pay _____ Ending pay _____
Telephone _____ Reason for leaving _____
Duties Performed _____
Explain any gap between jobs _____

Name of Employer _____ Dates of Employment _____ to _____
Address _____ Job Title _____ Supervisor _____
_____ Beginning pay _____ Ending pay _____
Telephone _____ Reason for leaving _____
Duties Performed _____
Explain any gap between jobs _____

List professional, trade, business or civic activities and offices held.

REFERENCES

Provide information for two references (not relatives or Supervisor's already listed above).

Name _____ Phone _____ Name _____ Phone _____
Address _____ Address _____
Occupation _____ Relationship _____ Occupation _____ Relationship _____

What made you apply?

Newspaper _____ Internet Site _____ CVM Employee _____
TV/Radio _____ Other _____

APPLICANT'S STATEMENT

I certify the answers given herein are true, accurate and complete to the best of my knowledge. I authorize Cardiovascular Medicine, P.C. to verify all statements contained in this Application for Employment, obtain reference information on my work performance and request an investigative consumer report as may be necessary in arriving at an employment decision. I understand completion of this Application for Employment does not constitute the terms of an implied contract or guarantee that I have been employed by this Company. I further understand that any employment offered is at-will, for an indefinite duration and that either I or the Employer may terminate my employment at any time with or without cause. In the event of employment, I understand that false or misleading information given in my application or during the interview process is grounds for, and may result in, immediate termination. If hired, I agree to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

Cardiovascular Medicine, PC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, age, sex, marital status, national origin, physical or mental disability, sexual orientation, genetic information, or any other characteristic protected by law.

APPLICATION FOR CLINICAL EMPLOYMENT

Only complete if applying for a clinical position.

- 1) Please list your current professional licenses with license numbers, the state of issuance and the expiration date.

- 2) Have you ever had your license suspended or revoked? If so, in which states? When? Summarize the reasons underlying this action.

- 3) Have you ever been convicted of a health-care related felony or misdemeanor (including a plea bargain or other arrangement with prosecuting authorities)? If so, please explain.

- 4) Have you ever been excluded, suspended or debarred from the Medicare or Medicaid program or any other federally funded health care program?

- 5) List any healthcare or related business in which you or a member of your family or household has a direct or indirect ownership or controlling interest of 5% or more. Include Medicare or Medicaid provider numbers for each.

- 6) Have any of the entities which you listed in response to question #5 above ever been excluded, suspended or debarred from Medicare, Medicaid or any of the federally-funded health care programs?



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AFFIRMATIVE ACTION

(CONFIDENTIAL – FOR STATISTICAL USE ONLY)

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, marital status, sexual orientation, genetic information, or any other classification protected by federal, state or local law. The information below will be used only in the compilation of data for affirmative action reporting and will be kept in a confidential file separate from the Application of Employment.

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. Please return this page with your application. We appreciate your cooperation.

PLEASE COMPLETE IN FULL:

Date: _____ **Position applied for:** _____

Name: _____

Date of birth: _____ **Gender** (Check appropriate response): Male Female

RACE/ETHNICITY:

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands

Asian (Not Hispanic or Latino) – A person 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.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.