APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

(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
Circle 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 sex, race, religion, national origin, age, ancestry, disability or other protected status).

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_____

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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. (You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status).
_____
_____
_____

REFERENCES
Provide information for two references (not relatives or employers).

Name_____Phone_____ Name_____Phone_____
Address _____ Address _____
Occupation_____Relationship_____ Occupation_____Relationship_____

What made you apply?
[ ] Newspaper [ ] Internet [ ] TV/Radio [ ] CVM Employee_____ [ ] Other_____

APPLICANT'S STATEMENT

I certify the answers given herein are true, accurate 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. 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 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, 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?

An Equal Opportunity Employer

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, sexual orientation 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** (Circle 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.