

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 _____

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

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 TV/Radio
 Internet Site _____ 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 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 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?



AFFIRMATIVE ACTION

An Equal Opportunity Employer

(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.