



CARDIOLOGY SPECIALISTS OF DAYTON

APPLICATION FOR EMPLOYMENT

Please complete this form completely to be considered for employment. If you cannot respond to a question, note the reason.

Position applied for: _____ Date: _____

How did you hear about the position: _____

Full Name: _____ Address: _____

Social Security # _____ Home Phone: _____

Daytime Phone: _____ Cell Phone: _____

Former address if less than 5 years at current address: _____

Have you ever worked under another name? _____ If yes, give name _____

Education History

Did you graduate from High School? Yes No If no, GED? _____

Name of High School _____

College: Name _____

Address _____

Graduated Yes No If yes, degree earned _____

Other Education: Name _____

Address _____

Graduated Yes No If yes, degree/certification earned _____

Describe Other Education or Training: _____

Special Skills: Check all that apply

_____ Secretarial Duties, such as typing, filing, computer skills (Please list: _____)

_____ ICD9/CPT Coding

_____ Clinical Expertise: _____ EKG _____ CPR _____ ACLS _____ Knowledge of Medications

Other _____

Employment History: Start with your most recent employment. Include full-time, part-time and temporary work.

Are you presently employed? _____ Yes _____ No

Name of Present Employer _____ Position _____

Description of work performed: _____

Address _____ Phone _____

Dates From: _____ To: _____ Name of Supervisor _____

Reason for leaving _____ Salary _____

May we contact? _____

Name of Employer _____ Position _____

Description of work performed: _____

Address _____ Phone _____

Dates From: _____ To: _____ Name of Supervisor _____

Reason for leaving _____ Salary _____

May we contact? _____

Name of Employer _____ Position _____

Description of work performed: _____

Address _____ Phone _____

Dates From: _____ To: _____ Name of Supervisor _____

Reason for leaving _____ Salary _____

May we contact? _____

Name of Employer _____ Position _____

Description of work performed: _____

Address _____ Phone _____

Dates From: _____ To: _____ Name of Supervisor _____

Reason for leaving _____ Salary _____

May we contact? _____

Please account for any gaps in employment history _____

Is there any employer you would not like us to contact? If so please list and explain why: _____

What salary are you presently seeking? _____

Are you able to perform each essential job function with or without reasonable accommodation?

What date are you available for work? _____

What days/hours of employment are you available? _____

Are you able to travel locally if the position requires it? _____

Would you agree to a drug test prior to or during employment? Yes No

Have you ever been convicted of a crime/have any pending felony charges? Yes No

If yes, give dates and result of conviction _____
(Conviction of a felony will not necessarily disqualify you for employment.)

Have you ever been discharged from a job? _____ If yes, please indicate employer
and explain _____

Do you smoke? Yes No

Have you ever been employed by us before? _____ If yes, when? _____

Have you ever filed an application with us before? _____ If yes, when? _____

Are you prevented from lawful employment in this country because of Visa or Immigration
status? _____ (Proof of citizenship or immigration status will be required upon employment)

Have you had any job-related training in the military? _____ If yes, describe _____

References. List persons familiar with your work related abilities. Do not include relatives or former employers.

Name _____ Position/Employer _____
_____ Phone _____

Name _____ Position/Employer _____
_____ Phone _____

Name _____ Position/Employer _____
_____ Phone _____

Additional Information:

It is the policy to afford equal employment and promotion opportunity to all employees and qualified applicants without regard to race, color, sex, sexual orientation, age, national origin, ancestry, marital status, citizenship, religion, creed, veteran or military status, the presence of a non-job related medical condition or disability, or any other legally protected status. Reasonable accommodation will be made to enable otherwise qualified individuals with disabilities to perform the essential functions of his/her job and reasonable accommodation will be made to enable otherwise qualified individuals with disabilities to demonstrate their capabilities to perform the essential functions of a job for which they are applying.

I understand that Cardiology Specialists of Dayton may check all information and references before any job offer may be extended. This includes, but is not limited to, present and former employers, present and former places of education, references, credit check, background check, professional license verification, and address verification. Neither Cardiology Specialists of Dayton nor the reporting entity may be deemed liable for any exchange of factual information.

I give my consent for Cardiology Specialists of Dayton to conduct such a check of relevant information before employment and any time I may be employed, and I authorize any and all such references to discuss my background and qualifications.

I affirm that all information provided is complete and accurate to the best of my knowledge. If I am hired and it is discovered that false information was given or pertinent information omitted, I understand it is grounds for immediate termination.

If I am employed I understand my employment is at will. Neither I nor the employer have agreed to any specific period of employment unless otherwise set forth in a separate contract.

I understand that I am required to abide by all rules and regulations of the employer.

Print Full Name _____

Signed _____ Date _____

This application will remain active for only 90 days from above date.

For Personnel Department Use Only		
Interview date:	_____	
Employed: Yes	_____	Date: _____ No _____
Job Title:	_____	Salary: _____ Department: _____
By:	_____	Title: _____ Date: _____

2/07