



## 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? \_\_\_\_\_

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Name of Employer \_\_\_\_\_ Position \_\_\_\_\_

Description of work performed: \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Salary \_\_\_\_\_

May we contact? \_\_\_\_\_

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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 \_\_\_\_\_

Have you ever been fined by, sanctioned by, or excluded from working in any government  
agency? \_\_\_\_\_ If yes, 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 \_\_\_\_\_

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**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: _____

6/09