



EMPLOYMENT APPLICATION

Cardiology Consultants, Ltd.

Cardiology Consultants, Ltd. does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age, non-job related handicap or disability. No question on this application is intended to secure information to be used for any such discrimination. This application will be given every consideration, but its receipt does not imply the applicant will be employed.

Date: _____

APPLICANT INFORMATION:

First Name _____ Middle _____ Last Name _____

Other names, if any, you have used for education or previous employment. _____

Street Address _____ City _____ State _____ Zip _____

Telephone Number: _____ Date of Birth: _____

Are you 18 years of age or older? Yes No

If hired, can you provide documentation required to prove you are legally permitted to work in the United States? Yes No

Have you ever served in the armed forces? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No

(a conviction will not necessarily disqualify you from the job for which you are applying)

If yes, please explain: _____

Have you been employed with Cardiology Consultants, Ltd.? Yes No

Do you have friends or relatives employed at Cardiology Consultants, Ltd.? Yes No

Name: _____ Relationship: _____

Did a current employee refer you to Cardiology Consultants, Ltd.? Yes No

Name: _____

POSITION INFORMATION:

Position Applying For: _____

Type of Work Desired: Full Time Part Time

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Yes No

Date Available for Work: _____

SKILLS:

Are there any skills or qualifications that you feel would especially benefit you for the position applying for?

EDUCATION:

Do you have either a high school diploma or a diploma based upon passing a general education development test? Yes No

Name of High School: _____

Trade School	Name and Address	Course of Study	Degree Earned
	_____	_____	Yes

College	Name and Address	Course of Study	Degree Earned
	_____	_____	Yes

Other	Name and Address	Course of Study	Degree Earned
	_____	_____	Yes

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS:

Currently you are	Licensed	Certified		
Type	State Issued	Date	Number	
_____	_____	_____	_____	
_____	_____	_____	_____	

Is your license currently under investigation? Yes No
 Has any disciplinary action been taken against your license or certification in any state? This would include restrictions, suspensions or revocations of practicing or privileges. Yes No
 Explain: _____

Are you registered or licensed by any state and/or national organization? Yes No
 Name: _____ Number: _____

EMPLOYMENT HISTORY:

Name/Address/Phone Number	Dates	Position	Salary	Reason For Leaving
_____	_____	_____	_____	_____

Name/Address/Phone Number	Dates	Position	Salary	Reason For Leaving
_____	_____	_____	_____	_____

Name/Address/Phone Number	Dates	Position	Salary	Reason For Leaving
_____	_____	_____	_____	_____

Name/Address/Phone Number	Dates	Position	Salary	Reason For Leaving
_____	_____	_____	_____	_____

Name/Address/Phone Number	Dates	Position	Salary	Reason For Leaving
_____	_____	_____	_____	_____

Have you ever been discharged or suspended from employment? Yes No

If yes, please explain: _____

UNEMPLOYMENT PERIODS:

Dates	Reason
_____	_____
_____	_____
_____	_____

REFERENCES:

Name and Address	Relationship	Phone Number
_____	_____	_____

Name and Address	Relationship	Phone Number
_____	_____	_____

Name and Address	Relationship	Phone Number
_____	_____	_____

PLEASE READ BEFORE SIGNING. If you have any questions regarding this statement, please ask them for an employment interview before signing.

I understand that any offer of employment with Cardiology Consultants, Ltd. is conditioned on my completion of a background check, reference checks and employment verification. I understand if I accept employment at Cardiology Consultants, Ltd. I will be an employee at will, which gives me, as well as the company, the right to terminate employment at any time, for any reason, with or without cause.

I certify that all statements made by me on this application are true, correct, and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any falsification, misrepresentation or omission may be used to disqualify me from employment, or if employed, may be grounds for termination of employment.

I hereby acknowledge that I have read the above statement and understand the same.

I hereby release current or former employers and anyone acting on their behalf from any claims, liability and/or damage of any nature, which may result from furnishing the information requested. A photocopy or facsimile of this release will be valid as an original.

Signature of Applicant

Date

Witnessed By

To: All Prospective New Employees
Re: CCL Standards of Behavior

Our GOAL is to provide exceptional healthcare to our patients.

To accomplish our goal, we have established our Standards of Behavior.

Every employee is expected to commit to and display behavior that is consistent with our company standards.

Our organization works to uphold our commitment works to Service, People, Quality, Finance and Growth. Each of these concepts plays a very important role in our success as an organization that is committed to providing excellent healthcare to our patients.

Our Standards include exemplary behavior, positive attitude and caring for our patients. To accomplish our Standards we have detailed expectations Attitude, Appearance, Etiquette, Communication, Team Building, Ownership, Patient Wait Time, Privacy/Confidentiality and Safety.

I agree, if hired, I will be required as a condition of becoming a permanent CCL employee to review, sign and abide by the Standards.

Interviewee Name/Signature

Date