

CARDIOLOGY ASSOCIATES OF FREDERICKSBURG APPLICATION FOR EMPLOYMENT

In compliance with applicable laws, this company does not discriminate because of age, sex, race, color, religion, marital status, national origin, veteran status, or disability.

INSTRUCTIONS: Please type or print in ink. Be sure to answer all questions. If any questions do not apply to you, answer with "No" or "Not Applicable" (N/A). A resume may be attached, but please do not substitute resume for the information requested.

Position applied for	Shift preferences, if applicable	Status preferred <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN
Who referred you to our company?		Minimum Salary Requirements
Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		When?
Have you ever applied with this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		When?
Date you will be available if you application for employment is accepted		

GENERAL INFORMATION

Last Name	First	Middle	Social Security Number
Present Address	City	State	Zip
How long?			
Previous Address	City	State	Zip
How long?			
Telephone Number and Area Code Home () Work ()	Check one to indicate your citizenship status	<input type="checkbox"/> Legal citizen (LC) <input type="checkbox"/> Resident alien (RA)	<input type="checkbox"/> Student's Visa (SV) <input type="checkbox"/> Visitor's Visa (VV)
If you are not a citizen, what is your Visa number? _____		What is your Visa expiration date? _____	
Professional Registrations or Licensures			
Type 1. _____	State 1. _____	Renewal 1. _____ Date	Expiration 1. _____ Date
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____

Have you ever served in the U.S. armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of military service From _____ To _____	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony?	If yes, what was the felony?	
When?	What was the outcome? (explain fully)	
Have you ever been terminated from or asked to resign a position? If yes, please explain: _____		
Person to be notified in case of emergency	Name	Telephone Number ()

As a part of our normal procedure for processing applications, a routine inquiry may be made concerning information on an applicant's work and educational history. In compliance with the Fair Credit Reporting Act, further information of the nature and scope of such inquiry, if one is made, is available to you upon written request.

All employment should be covered below including jobs held while in school or in the military.
Record your present or last position first and list back in chronological order.

Name and Address of Employer	Date Employed		Position(s) Held	Salary	
	From Month-Year	To Month-Year		Starting	Leaving
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		

	Name and Location of School or College	Circle Highest Grade/Year Completed	Grade Average	Did You Graduate?	If you graduated, what was your degree and major?	What was last calendar year in which you studied?
High School and/or G.E.D.		9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No	Major Study _____	
College		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ Major _____	
Graduate School		How long?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ Major _____	
Trade, Business or Correspondence School		How long?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Major _____	
List any other training you have had						

Extracurricular activities, offices held*						

Academic honors or other special recognition*						

*Exclude those which indicate race, color, age, national origin, religious preference, or marital status.

HISTORY

Be sure to complete all questions on each job. Ask for additional form if necessary. Please explain all periods of unemployment.
A resume may be attached, but please do not substitute resume for the information requested.

Briefly explain your duties, responsibilities, and Number of people supervised in each position held	Why did you leave?	Name, title, and phone number (If accessible) of Supervisor	May we contact?

ACTIVITIES

Current memberships in Civic, Professional, or other organizations* <hr/> <hr/>
Past membership in Civic, Professional, or other organizations* <hr/> <hr/>
Sports, hobbies, and other interests* <hr/> <hr/>

*Exclude those which indicate race, color, age, national origin, religious preference, or marital status.

SECTION FOR CLERICAL APPLICANTS ONLY
 What specific experience have you had in the following?

	Length of Time	Type	Type	Length o f Time	Type
Accounting			Calculator		
Billing			Adding Machine		
Medical Records			Shorthand		Speed wpm
CRT			Typing		Speed wpm
Computer			Dictating Equip.		
Word Processor			Other		

PROFESSIONAL CLINICAL STAFF SECTION ONLY

1. What experience do you have with Outpatient Nursing in a Physicians Office?

2. How do you rate yourself on the following skills? Please comment: Rate from 1-10 with 10 being the highest.

- a. Judgment & Assessment _____
- b. IV Insertion _____
- c. Performing EKGs _____
- d. EKG basic interpretation _____
- e. Medications _____
- f. Electronic Health Records _____

3. Other Nursing Experience?

- a. Nurse Educator _____
- b. PI/Risk Management _____
- c. Infection Control _____
- d. OR Specialty Coordinator _____
- e. Other _____

REFERENCES

List three professional references (please print).

Name of Reference	Address	Telephone Number * required	Relationship

Release /Consent/Disclosure

I understand and certify that all information supplied in this application is complete and correct. Any false, misleading or incomplete information furnished by me regarding this application may result in the rejection of this application or if employed, dismissal. I understand that in consideration of my employment, I agree to conform to the rules and regulations of the company, and further agree that my employment and compensation are at the will of the company and can be terminated, with or without cause, and with or without notice at any time at the option of either the company or myself.

I understand and hereby authorize all persons, schools, companies, employers and/or their representatives to furnish verification to the company, its representatives or agents, any and all information set forth in this application. In addition, I hereby agree to hold harmless and to release from all liability all said persons, schools, companies, employers and/or their representatives from any and all claims that I may have, or which may arise, against any and/or all of them, including the company as a result of them furnishing information to the company. I authorize the company, should they employ me, to release employment references, if my employment becomes terminated for any reason. I also authorize the company to conduct credit, police, criminal and driving record inquiries, or any other employment related inquiries in compliance with the provisions of the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et. seq. I understand that the decision to hire me and my continued employment will be subject to the results of these inquiries.

The company is an equal opportunity employer. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

The company has a firm commitment to its employees, customers and the public to provide the safest and most competent services possible. The nature of our businesses requires that we promote high standards of employee health. Therefore, any employee sustaining an on-the-job injury that requires medical treatment or that involves damage to company property may be requested to submit to a blood and/or urine test to determine the possible presence of drugs and/or alcohol. Any employee guilty of serious safety infractions, including near-miss situations, or failure to follow established safety procedures may be subject to testing under this policy.

I understand this application will be active for employment consideration for 90 days. After 90 days, if I wish to be considered for employment, I must contact the company to determine if applications are being accepted.

I have read, understand and agree with this statement.

APPLICANT'S SIGNATURE

DATE

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Addendum to Employment Application

Name	
Please list any former names used (e.g. maiden name, previous married name, etc.)	
Have you ever been excluded from Federally funded health care programs pursuant to sections 1128 and 1156 of the Social Security Act?	
Yes	No
If yes, have you been reinstated?	When?
Signature	Date
List of Excluded Individual and Entities Verified	
Date	Initials