

# CARDIOLOGY ASSOCIATES OF FREDERICKSBURG APPLICATION FOR EMPLOYMENT

It is the policy of Cardiology Associates of Fredericksburg, Ltd. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

**INSTRUCTIONS:** 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		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 your 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?			
Mobile Phone	Other Phone	Email Address	
Are you at least 18 years old?      Yes      No			
If hired, are you able to submit proof that you are legally eligible for employment in the United States?      Yes      No			
Professional Registrations or Licensures			
Type	Certifying Agency	State	Renewal Date

Have you ever served in the U.S. armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Specialized Training
Have you ever been convicted of a felony or misdemeanor? Yes, I was convicted of _____ on _____ (date) In _____ (city), _____ (state) No		
THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.		
Have you ever been terminated from or asked to resign a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Who should be contacted if you are involved in an emergency?		
Name	Relationship to you	Telephone Number

## EMPLOYMENT HISTORY

List your current or most recent employment first. Please list all jobs (including self-employment and military service) that you have held, beginning with the most recent, and list and explain any gaps in employment.

Employer	Dates Employed	Position/Duties	Salary
Company	From		Starting
City                      State	To		Leaving
Supervisor		Reason for leaving	
Employer	Dates Employed	Position/Duties	Salary
Company	From		Starting
City                      State	To		Leaving
Supervisor		Reason for leaving	
Employer	Dates Employed	Position/Duties	Salary
Company	From		Starting
City                      State	To		Leaving
Supervisor		Reason for leaving	
Employer	Dates Employed	Position/Duties	Salary
Company	From		Starting
City                      State	To		Leaving
Supervisor		Reason for leaving	
Employer	Dates Employed	Position/Duties	Salary
Company	From		Starting
City                      State	To		Leaving
Supervisor		Reason for leaving	

## EDUCATION AND TRAINING

	Name and Location of School or College	Did you receive a degree?	Degree and Field of Study
High School and/or G.E.D.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical or Vocation School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
List any other training you have had			
Awards, Honors, Special Achievements:			

## REFERENCES

List any two non-relatives who would be willing to provide a reference for you.

Name of Reference	Email Address	Telephone Number	Relationship

## HHS OIG List of Excluded Individuals and Entities

Please list all previous 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?

## CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application or, if employment commences, immediate termination.

I authorize Cardiology Associates of Fredericksburg, Ltd. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Cardiology Associates of Fredericksburg, Ltd., except in a specific written contract of employment signed on behalf of the organization by its CEO, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

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Applicant Signature

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Date