

REGIONAL CARDIOLOGY ASSOCIATES, PLC
3399 Pollock Road
Grand Blanc, MI 48439

EMPLOYMENT APPLICATION

Regional Cardiology is an Equal Opportunity Employer. All applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Date _____

Name _____
Address _____ Phone # _____
City _____ State _____ Zip _____ Social Security # _____
Drivers License# _____ State _____ Email address _____

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes No

Do you have any friends, relative, or acquaintances working for Company? Yes No
If yes, state name and relationship: _____

If under age 18, can you provide proof of your eligibility to work? Yes No

Have you been convicted of a felony in the past 7 years? Yes No
If yes, describe the crime – state nature of crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Have you applied here before? Yes No If yes, when? _____

Position applied for? _____ How did you learn about us? _____

If hired, what date are you available to start? _____

What hours are you available? _____

Are you available for overtime? Yes No

Are you seeking: Full time Part time Contingent Temporary

Are you currently employed? Yes No May we contact your present employer? Yes No

What hourly wage or salary are you seeking? _____

EMPLOYMENT EXPERIENCE

Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin.

Employer 1 _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Supervisors' Name _____
Job Title _____ Reason for leaving _____
Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 2 _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Supervisors' Name _____
Job Title _____ Reason for leaving _____
Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 3 _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Supervisors' Name _____
Job Title _____ Reason for leaving _____
Dates of Employment: From _____ To _____ Salary or Hourly rate _____

EDUCATION

Schools/Collages Attended:	# Years	Year Grad.	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional References – do not list friends or family

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Describe any special qualifications for this job:

Are you a veteran of the U.S. Military service? Yes No

I hereby certify that the facts set forth in the completed employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application may result in dismissal. I release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information. You are hereby authorized to make any investigation of my personal history academic/professional credentials, military service records, criminal, driving, financial and credit record through any investigative or credit bureaus of your choice.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I also understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature _____ Date _____

For Personnel Department only

Remarks _____

_____ Interview report by _____