



The Cardiovascular Group, P.C.

Position(s) for which you are applying: _____

Salary/Hourly Rate desired: \$ _____

APPLICATION FOR EMPLOYMENT

(Please Complete Both the Front and Back and PRINT all Information)

AS AN EQUAL OPPORTUNITY EMPLOYER, WE ABIDE BY ALL FEDERAL AND STATE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF SEX, COLOR, RELIGION, RACE, NATIONAL ORIGIN, AGE AND HANDICAP AS WELL AS LAWS GOVERNING DISABLED VETERANS, AND VIETNAM ERA VETERANS.

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY #	TODAY'S DATE	
PRESENT ADDRESS (Number & Street, City, State & ZIP Code)				TELEPHONE # ()	
CHECK IF WILLING TO WORK:		<input type="checkbox"/> FULL TME	<input type="checkbox"/> PART TIME	PART TIME HOURS YOU CAN WORK:	
<input type="checkbox"/> OVER TIME	<input type="checkbox"/> WEEKENDS	<input type="checkbox"/> DAYS	<input type="checkbox"/> NIGHTS	DATE AVAILABLE:	
HAVE YOU EVER WORKED FOR TCG? (IF YES, WHERE AND WHEN?) YES () NO ()			HOW WERE YOU REFERRED?		
ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES () NO ()		ANY RELATIVES EMPLOYED BY TCG? (IF YES, WHO AND WHERE?) YES () NO ()			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? (IF YES, PLEASE EXPLAIN) (Convictions will not necessarily disqualify you for employment.) YES () NO ()					
EDUCATION					
SCHOOL NAME AND ADDRESS	CIRCLE LAST YEAR COMPLETED		GRADUATE?	COURSE OF STUDY	
ELEMENTARY/HIGH SCHOOL	9	10	11	12	YES () NO ()
COLLEGE/TRADE SCHOOL/OTHER					
LIST JOB RELATED SKILLS , EQUIPMENT YOU CAN OPERATE AND CERTIFICATIONS					
HAS YOUR PROFESSIONAL LICENSE EVER BEEN REVOKED OR SUSPENDED? (IF YES, PLEASE EXPLAIN) YES () NO ()					
ARE THERE ANY REASONABLE ACCOMMODATIONS WHICH MAY BE NECESSARY TO ENABLE YOU TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING?			YES () NO ()	IF YES, PLEASE EXPLAIN:	
REFERENCES – Previous or Current Supervisor Preferred					
NAME	ADDRESS	TELEPHONE NUMBER ()			
		OCCUPATION			
NAME	ADDRESS	TELEPHONE NUMBER ()			
		OCCUPATION			

PLEASE TURN FORM OVER AND COMPLETE OTHER SIDE



EMPLOYMENT HISTORY

LIST MOST RECENT INFORMATION FIRST. LIST U.S. MILITARY SERVICE AS A JOB.
EXPLAIN ALL PERIODS OF UNEMPLOYMENT OF MORE THAN 30 DAYS.

FROM	TO	COMPANY NAME	ADDRESS	TELEPHONE #
MO & YR	MO & YR	POSITION HELD:	IMMEDIATE SUPERVISOR	REASON FOR LEAVING:
STARTING WAGE	ENDING WAGE	DUTIES:		
HR / MO / YR	HR / MO / YR			

FROM	TO	COMPANY NAME	ADDRESS	TELEPHONE #
MO & YR	MO & YR	POSITION HELD:	IMMEDIATE SUPERVISOR	REASON FOR LEAVING:
STARTING WAGE	ENDING WAGE	DUTIES:		
HR / MO / YR	HR / MO / YR			

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MO & YR	MO & YR	POSITION HELD:	IMMEDIATE SUPERVISOR	REASON FOR LEAVING:
STARTING WAGE	ENDING WAGE	DUTIES:		
HR / MO / YR	HR / MO / YR			

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MO & YR	MO & YR	POSITION HELD:	IMMEDIATE SUPERVISOR	REASON FOR LEAVING:
STARTING WAGE	ENDING WAGE	DUTIES:		
HR / MO / YR	HR / MO / YR			

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STARTING WAGE	ENDING WAGE	DUTIES:		
HR / MO / YR	HR / MO / YR			

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MO & YR	MO & YR	POSITION HELD:	IMMEDIATE SUPERVISOR	REASON FOR LEAVING:
STARTING WAGE	ENDING WAGE	DUTIES:		
HR / MO / YR	HR / MO / YR			

I affirm that the information provided herein is complete and correct and I understand that misrepresentations or omissions of facts called for in this application or in other company records will cause my dismissal if employed. I authorize this company to verify any and all information contained in this application from former employers and others, and I release all persons contacted by this Company from any liability in connection with furnishing of such information. This application is not a contract of employment; I agree that my employment is for no definite period of time and may be terminated at any time with or without notice, with or without cause. I understand that no one is authorized to make any agreement contrary to the foregoing without senior management approval. I understand that I will be subject to the Company's requirements regarding drug testing. My signature indicates agreement with these statements.

Signature: _____

Date: _____