

Employment Application

Citrus Cardiology Consultants, PA is an equal opportunity employer

We greatly appreciate your interest in our organization and assure you that applicants are considered for all positions without regard to race, color, sex, age, religion, national origin, disability, marital, or veteran status. Please note this application must be completed in its entirety and signed, in order to be considered for employment. Information submitted on this application is subject to verification. NOTE: All new hires are required to submit documentation in accordance with the Immigration Reform and Control Act of 1986.

Personal Information:

Name: _____ Date: _____
Last First MI

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____ Best time to call: _____ am/pm

E-Mail Address: _____

Present Address: _____
Street City State Zip

How long have you lived at this address? _____

Please list any/all cities/states in which you have lived in the last ten years: _____

Have you been legally known by any other name(s) in the last ten years? If so, please list: _____

Are you at least 18 years of age? ☐ Yes ☐ No If No, please state your age: _____

Can you, upon employment, supply documentation which verifies your identity and right to work in the US? ☐ Yes ☐ No

Employment Information:

Position desired: _____ Date available to start: ____/____/____

Locations you are willing to work (please circle all that apply): INV VILL OCA HMSA CR RIV LEES BUSH LEC WWD

How did you hear about this position: _____

Type of employment desired: ☐ Full time ☐ Part time ☐ PRN Wage Desired: \$ _____ per _____

Are you willing to work overtime, if required? ☐ Yes ☐ No

Are there any shifts or hours that you cannot work? ☐ Yes ☐ No If yes, please identify: _____

Are you able and willing to perform essential functions of this position (with or without reasonable accommodation)?

(NOTE: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.)

☐ Yes ☐ No ☐ Need more information about the position's "Essential functions" to respond.

Have you ever applied for a position with us before? ☐ Yes ☐ No If yes, When? _____

Have you ever been employed by Citrus Cardiology Consultants, PA or one of its subsidiaries before?

☐ Yes ☐ No If yes, please list dates and position: _____

Answering "Yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position for which you are applying will be taken into account.

Have you ever pleaded "guilty" or "no contest" to or been convicted of a felony or a misdemeanor? ☐ Yes ☐ No

If yes, please provide details and date(s): _____

In the event of an Emergency, Notify:

Name Address Telephone Relationship

Employment Experience:

Are you presently employed? ☐ Yes ☐ No If yes, may we contact your present employer? ☐ Yes ☐ No

Have you ever entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? ☐ Yes ☐ No If yes, please explain: _____

Please give **accurate and complete** full/part-time employment record. Start with present or most recent employer first. Use the back page of this application if necessary. Please explain any gaps in employment. "See Resume" not acceptable.

Company Name:	Telephone:
Address:	Employed From: _____ To: _____
Name of Supervisor:	Salary/Wages Start: _____ Finish: _____
State job title and responsibilities:	Reason for separation:
Company Name:	Telephone:
Address:	Employed From: _____ To: _____
Name of Supervisor:	Salary/Wages Start: _____ Finish: _____
State job title and responsibilities:	Reason for separation:
Company Name:	Telephone:
Address:	Employed From: _____ To: _____
Name of Supervisor:	Salary/Wages Start: _____ Finish: _____
State job title and responsibilities:	Reason for separation:
Company Name:	Telephone:
Address:	Employed From: _____ To: _____
Name of Supervisor:	Salary/Wages Start: _____ Finish: _____
State job title and responsibilities:	Reason for separation:

Note that all the employers listed above will be contacted unless the applicant indicates differently.

Are there any employers above whom you do not wish for us to contact? ☐ Yes ☐ No

If yes, please indicate employer and reason: _____

If not addressed above, have you ever been fired, or asked to resign from a job? ☐ Yes ☐ No

If yes, please provide details: _____

Skills and Qualifications: Please summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying: _____

Have you ever received a penalty, suspension, sanction or other form of disciplinary action against a professional license?
NO YES If yes, please explain: _____

Education:

Name & Location	Years Completed	Did you graduate?	Degree earned (Major)
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, or Correspondence School:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any extracurricular activities, awards, scholarships, or clubs that you were involved in which might be related to the position for which you are applying: _____

References:

List below the names of three persons, not related to you, whom you have known for at least one year.

Name	Address & Phone	Business	Years Known

Please list below any additional information you wish us to have that you believe will help us determine your suitability for the position for which you are applying:

Do you smoke, use smokeless tobacco or other nicotine-containing products? ☐ Yes ☐ No

I hereby reaffirm that I have read the foregoing questions and that my answers to them are true and correct and that I have not misrepresented or withheld any information. I understand that falsification of this information may be cause for immediate dismissal. I further acknowledge that my employment may be terminated, and the company or I may withdraw any offer of employment without prior notice. I also understand that my employment is at will. This means I am free to terminate my employment at any time, for any reason, and the company retains the same right. I understand that any offer of employment may be contingent upon a credit and criminal background investigation and a pre-employment drug screen. I hereby authorize all references and former employers listed on my employment application to give the company any and all information concerning my previous employment and any pertinent information they might have, personal or otherwise. I hereby release all parties, including agents, from any claims, causes of action, or liability from damages that may or could result from furnishing such information to the company or as a result of information obtained through a background investigation or drug screen.

Electronic Signature: _____ Date: _____

Social Security # _____ - _____ - _____

The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

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