

Cardiology of Virginia

13572 Waterford Place
Midlothian, VA 23112
(804) 560-8782

EMPLOYMENT APPLICATION

It is the policy of Cardiology of Virginia Inc. 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.

Applicant Name	
Address	
City/State/Zip	
Number of years at this address	
Daytime phone	
Cell / Evening phone	

Emergency Contact	
Relationship to you	
Address	
City/State/Zip	
Daytime phone	
Cell / Evening phone	

Position applied for _____

Desired salary: _____ per _____

Referral source (who referred you to our company?) _____

Have you applied to our company previously? _____ Yes _____ No
If yes, when? _____

Do you know anyone who is currently employed with our company? ____ Yes ____ No
If yes, who? _____

Please state the hours that you are available to work :

If you are offered employment, when are you available to begin work?

Are you legally eligible for employment in the United States? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No
 If yes, please explain: (a conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

Are you able to perform the essential functions of the job position with or without reasonable accommodation? _____ Yes _____ No

Applicant Employment History: list your current or most recent employment first or
 See resume

Employer Name	
Address	
City/State/Zip	
Job Duties	
Reason for Leaving	
Dates of Employment	

Employer Name	
Address	
City/State/Zip	
Job Duties	
Reason for Leaving	
Dates of Employment	

Employer Name	
Address	
City/State/Zip	
Job Duties	
Reason for Leaving	
Dates of Employment	

Employer Name	
Address	
City/State/Zip	
Job Duties	
Reason for Leaving	
Dates of Employment	

Applicant's Education and Training

High School Name	
Address	
Last grade completed	
Diploma received	

College Name	
Address	
Degree received	

Technical School Name	
Address	
Degree/Certification received	

Additional Training:

Certifications, Awards, Special Achievements:

Professional References: List any two people who have knowledge of your professional experience and skills.

Name	
Address	
City/State/Zip	
Telephone	
Job Title/Company Name	

Name	
Address	
City/State/Zip	
Telephone	
Job Title/Company Name	

Personal Reference: List someone (not a family member) who has knowledge of your personal character.

Name	
Address	
City/State/Zip	
Telephone	
Relationship	

Any additional information that you believe should be considered as we review your application:

CERTIFICATION

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

I authorize Cardiology of Virginia, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employer and education organizations for 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 Human Resources Manager, the employment relationship will be entirely voluntary in nature. In other words, 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 would have the same right. Moreover, no agent, representative, or employee of Cardiology of Virginia, Inc. except in a specific written contract of employment signed on behalf of the organization by its Human Resources Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer.

Should I become employed, I release Cardiology of Virginia, Inc. to provide information of any kind or nature regarding my employment to future prospective employers and any legal authorities. I hereby release Cardiology of Virginia, Inc. from any and all liability of whatever kind and nature which, at any time, could result from providing such information, including, but not limited to the prospective employer declining to hire me based upon such information. I further agree to immediately notify Cardiology of Virginia, Inc. if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while this application is pending or during any period of employment, should I become employed.

I have carefully read the above certification and I understand and agree to its terms.

Applicant Signature

Date