

**MIDWEST CARDIOLOGY ASSOCIATES
EMPLOYMENT APPLICATION**

Midwest Cardiology Associates is an equal opportunity employer and does not discriminate on the basis of age, race, religion, color, sex, natural origin, marital status, physical or mental disability or veteran status. In compliance with the Immigration Reform and Control Act of 1986, MCA will hire only U.S. citizens and aliens lawfully authorized to work in the United States. All new employees will be required to complete Form I-9 Employment Eligibility Verification.

PERSONAL INFORMATION

Name: _____
 First Middle Last

Address: _____
 Street City State Zip

Telephone Number: _____
 (Home Phone) (Cell Phone)

Are you a U.S. citizen or authorized to work full-time in the United States? Yes No

Do you require sponsorship to work in the United States? Yes No

Employment desired: Full Time Part -Time Temporary Summer

Have you ever made application to Midwest Cardiology? Yes No

If yes, for what position? _____

For what position are you applying? _____

Date available for work? _____

Salary Requirements? _____

How were you referred to Midwest Cardiology Associates? _____

Have you ever been convicted of a felony under any jurisdiction? Yes No
(Answering yes to this question will not necessarily preclude you from employment.)

Are you now or have you ever been excluded, debarred or suspended from participation in the Medicare or Medicaid Programs or any other federal procurement program? Yes No

Summarize Your Special Skills or Qualifications: _____

Computer Skills: _____

EMPLOYMENT / EXPERIENCE

(Please attach your resume if available)

Present/Most Recent Employer _____
Address _____ Telephone _____
From _____ to _____ Supervisor _____
Positions held and duties performed _____

Starting Salary \$ _____ Ending Salary \$ _____
Reason for Leaving _____

May we contact this employer? Yes No

Previous Employer _____
Address _____ Telephone _____
From _____ to _____ Supervisor _____
Positions held and duties performed _____

Starting Salary \$ _____ Ending Salary \$ _____
Reason for Leaving _____

May we contact this employer? Yes No

Previous Employer _____
Address _____ Telephone _____
From _____ to _____ Supervisor _____
Positions held and duties performed _____

Starting Salary \$ _____ Ending Salary \$ _____
Reason for Leaving _____

May we contact this employer? Yes No

REFERENCES (Professional References only)

Name _____ Telephone _____
Company _____ Relationship _____
Address: _____

Name _____ Telephone _____
Company _____ Relationship _____
Address: _____

Name _____ Telephone _____
Company _____ Relationship _____
Address: _____

**EDUCATION BACKGROUND
HIGH SCHOOL/COLLEGE/UNIVERSITY/TECHNICAL SCHOOL**

Name of High School _____
City and State _____
Degree _____ Hours _____
Major/Minor _____ GPA (Overall/Major) _____

Name of School _____
City and State _____
Degree _____ Hours _____
Major/Minor _____ GPA (Overall/Major) _____

Name of School _____
City and State _____
Degree _____ Hours _____
Major/Minor _____ GPA (Overall/Major) _____

Professional Registration or License Number _____
State(s) Current _____
Type of License (RN, RRT) _____

If hired, I understand I will be required to conform to the policies and procedures of Midwest Cardiology Associates. I also understand my employment and compensation can be terminated at will (i.e., with or without cause, and with or without notice, at any time, at the option of either the company or myself).

I certify that the answers contained in this application are true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview(s) may result in termination.

I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

Signature of Applicant _____ Date _____