



Employment Application

Today's Date: _____ Social Security #: _____

Name: Last: _____ First: _____ MI: _____

Street Address: _____ Apartment #: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Mobile/Pager: _____ Email: _____

What Position are you applying for? _____ Check one: Full-time Part-time

Date Available for work: _____ Expected Salary Range: _____

Do any of your friends or relatives work at this practice? **Yes or No** If Yes, who: _____

How did you hear about this position/practice? _____

Upon an offer of employment, can you provide proof of US citizenship, or the legal right to work permanently in the US? **Yes or No** If No, explain: _____

Have you had any convictions, or other actions taken against you, which prohibit you from being employed by a provider of Federal or State health care programs (OIG exclusion)? **Yes or No** If Yes, explain: _____

Education: Please fill in your educational background below.

Schooling	Name of School	Location	Dates Attended	Graduated?	Degree(s)	Major(s)
High School						
College or University						
College or University						
Graduate School						
Medical/ Nursing School						
Business/ Trade School						

Certifications/Licensure: Please fill in your certifications below.

Type: _____ State: _____ Number: _____ Expiration: _____

Type: _____ State: _____ Number: _____ Expiration: _____

Type: _____ State: _____ Number: _____ Expiration: _____

Previous Employment *:

Please fill in your prior employment information as completely as possible, starting with your present or most recent employer. Explain any gaps between employment dates (i.e., unemployment, self-employment, etc.). Include additional employment history on separate sheet. ****This section MUST be completed, even if a resume accompanies this application.***

Company Name: _____	Start date: _____	End date (or Present): _____	
Address: _____	Phone: _____		
Job Title: _____	Rate of Pay: _____		
Supervisor Name, Title: _____			
Job Duties & Accomplishments: _____			
Reason for leaving: _____			
May we contact this employer? (check one):	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, upon an offer of employment	<input type="checkbox"/> No

Company Name: _____	Start date: _____	End date: _____	
Address: _____	Phone: _____		
Job Title: _____	Rate of Pay: _____		
Supervisor Name, Title: _____			
Job Duties & Accomplishments: _____			
Reason for leaving: _____			
May we contact this employer? (check one):	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, upon an offer of employment	<input type="checkbox"/> No

Company Name: _____	Start date: _____	End date: _____	
Address: _____	Phone: _____		
Job Title: _____	Rate of Pay: _____		
Supervisor Name, Title: _____			
Job Duties & Accomplishments: _____			
Reason for leaving: _____			
May we contact this employer? (check one):	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, upon an offer of employment	<input type="checkbox"/> No

Previous Employment (continued)

Company Name:	_____	Start date:	_____	End date:	_____
Address:	_____			Phone:	_____
Job Title:	_____			Rate of Pay:	_____
Supervisor Name, Title:	_____				
Job Duties & Accomplishments:	_____ _____				
Reason for leaving:	_____				
May we contact this employer? (check one):	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, upon an offer of employment	<input type="checkbox"/> No		

Company Name:	_____	Start date:	_____	End date:	_____
Address:	_____			Phone:	_____
Job Title:	_____			Rate of Pay:	_____
Supervisor Name, Title:	_____				
Job Duties & Accomplishments:	_____ _____				
Reason for leaving:	_____				
May we contact this employer? (check one):	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, upon an offer of employment	<input type="checkbox"/> No		

Company Name:	_____	Start date:	_____	End date:	_____
Address:	_____			Phone:	_____
Job Title:	_____			Rate of Pay:	_____
Supervisor Name, Title:	_____				
Job Duties & Accomplishments:	_____ _____				
Reason for leaving:	_____				
May we contact this employer? (check one):	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, upon an offer of employment	<input type="checkbox"/> No		

Additional Skills, Competencies, and Experience:

Please list any specific skills and experience that have prepared you for a position with Wilmington Cardiology. Include clinical procedures/competencies, equipment operation proficiencies (clinical and office equipment), educational activities, community/leadership involvement, as well as any other characteristics which you feel, as a candidate for employment, you would like to be taken into consideration.

References:

Please list three people who are qualified to discuss your qualifications and viability as an employment candidate of Wilmington Cardiology (Do not include relatives, former supervisors, or current employees of Wilmington Cardiology).

Name:	Address:	Phone:	Occupation:	Years Known:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Acknowledgment:

By signing this application for employment with Wilmington Cardiology, PLLC, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that that falsification could be cause for dismissal. Further, Wilmington Cardiology, PLLC, or its agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. A routine inquiry may also be made concerning information regarding my character, general reputation, credit, personal characteristics and modes of living, and I authorize such investigation. Also, I agree if required to undergo a medical examination by a company designated physician and understand that medical approval must be obtained before employment can be effected. I have noted that Wilmington Cardiology, PLLC is an Equal Opportunity Employer, and all applicants receive lawful consideration for employment without regard to Race, Religion, Color, Sex, Age, National Origin, Disability, or Veteran status. I realize that I may be hired for employment at-will by Wilmington Cardiology, PLLC, who reserves the right to terminate my employment at any time, without cause.

Signature: _____

Date: _____

Internal Use Only:

Action:	Date:	Comments:	Initials:
Application Received			
Applicant Contacted			
Phone Interview/ Pre-screening			
Interview #1			
Interview #2			
Interview #3			
Employers Contacted			
References Contacted			
OIG/Exclusion Database Checked			
Offer Extended			
Offer Accepted/Denied			
Start Date confirmed			
Letter Sent			
Pre-employment paperwork completed			