



Are you currently employed? Yes No Date of last day employed? \_\_\_\_\_

Who referred you? Walk-in WI Job Service Newspaper Friend Other

Have you ever been disciplined? Yes No If yes, please explain:

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Have you ever been terminated or fired from a job? Yes No If yes, please indicate an explanation including date, identity of employer, and reason given for termination:

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Describe why you are interested in the position(s) you are applying for:

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Have you ever been convicted of or plead guilty to any offense (including, but not limited to, felonies, misdemeanors, ordinance violations, civil forfeiture, or major traffic violations) except for minor traffic violations? Yes No If yes, please explain the nature of the offense, date of the offense, the sentence, and the circumstances surrounding the event: \_\_\_\_\_

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(You are not required to disclose any sealed or expunged documents. Disclosure of criminal convictions does not automatically disqualify you for employment. **NOT DISCLOSING** convictions will disqualify you for employment.)

### SPECIAL SKILLS

Please check the skills for which you have received training and list details:

Word Processing (WPM \_\_\_\_\_) Data Entry 10-Key Calculator

Software Packages:

Programming Languages:

Database:

Medical Equipment:

Speak a foreign language:

Other:

### MILITARY SERVICE

**U.S. Military Service?** Yes No **Dates of Service:** \_\_\_\_\_

**Branch of Service:** \_\_\_\_\_ **Discharge Date:** \_\_\_\_\_

**Description of Duties:** \_\_\_\_\_

**What specialized training, if any, did you receive?** \_\_\_\_\_

EDUCATIONAL BACKGROUND			
Type of School	Name, City & State	Did You Graduate?	Course or Major
College			
Technical School			
High School			
Other			

PROFESSIONAL LICENSURE, CERTIFICATION, REGISTRATION			
<p>Are you professionally certified, licensed, or registered with any professional group, state, institution, or society? Yes No If yes, please complete table below.</p> <p>Licensure/Certification/Registration/Other (if appropriate):</p> <p>CPR Certification? Yes No If yes, please complete table below.</p>			
Type/Name of Group	Date Received	Expiration Date	For Which States?

EMPLOYMENT HISTORY ( BEGINNING WITH MOST RECENT)				
<p>Please account for all periods of employment in the last <u>10 years</u> including self-employment, military, part-time or short-term positions, plus any other older employment relevant to the position that you are applying for.</p>				
COMPANY NAME:		DATES WORKED: (MONTH / YEAR)	FROM: TO:	
STREET ADDRESS:		DESCRIPTION OF RESPONSIBILITIES:		
CITY:	STATE:			ZIP:
PHONE: ( )				
TYPE OF BUSINESS:		HOURLY WAGE: START: LAST:		
NAME OF SUPERVISOR:		REASON FOR LEAVING:		
JOB TITLE:				

COMPANY NAME:			DATES WORKED: (MONTH / YEAR)	FROM:	TO:
STREET ADDRESS:			DESCRIPTION OF RESPONSIBILITIES:		
CITY:	STATE:	ZIP:			
PHONE: (    )					
TYPE OF BUSINESS:			HOURLY		
NAME OF SUPERVISOR:			WAGE:            START:            LAST: _____		
JOB TITLE:			REASON FOR LEAVING:		

COMPANY NAME:			DATES WORKED: (MONTH / YEAR)	FROM:	TO:
STREET ADDRESS:			DESCRIPTION OF RESPONSIBILITIES:		
CITY:	STATE:	ZIP:			
PHONE: (    )					
TYPE OF BUSINESS:			HOURLY		
NAME OF SUPERVISOR:			WAGE:            START:            LAST: _____		
JOB TITLE:			REASON FOR LEAVING:		

COMPANY NAME:			DATES WORKED: (MONTH / YEAR)	FROM:	TO:
STREET ADDRESS:			DESCRIPTION OF RESPONSIBILITIES:		
CITY:	STATE:	ZIP:			
PHONE: (    )					
TYPE OF BUSINESS:			HOURLY		
NAME OF SUPERVISOR:			WAGE:            START:            LAST: _____		
JOB TITLE:			REASON FOR LEAVING:		

COMPANY NAME:			DATES WORKED: (MONTH / YEAR)	FROM:	TO:
STREET ADDRESS:			DESCRIPTION OF RESPONSIBILITIES:		
CITY:	STATE:	ZIP:			
PHONE: (    )					
TYPE OF BUSINESS:			HOURLY		
NAME OF SUPERVISOR:			WAGE:            START:            LAST: _____		
JOB TITLE:			REASON FOR LEAVING:		

## WORK REFERENCES

NAME:			YEARS KNOWN	COMPANY
STREET ADDRESS:			RELATIONSHIP AND TITLE	
CITY:	STATE:	ZIP:		
HOME PHONE (    )	WORK PHONE (    )			

NAME:			YEARS KNOWN	COMPANY
STREET ADDRESS:			RELATIONSHIP AND TITLE	
CITY:	STATE:	ZIP:		
HOME PHONE (    )	WORK PHONE (    )			

NAME:			YEARS KNOWN	COMPANY
STREET ADDRESS:			RELATIONSHIP AND TITLE	
CITY:	STATE:	ZIP:		
HOME PHONE (    )	WORK PHONE (    )			

NAME:			YEARS KNOWN	COMPANY
STREET ADDRESS:			RELATIONSHIP AND TITLE	
CITY:	STATE:	ZIP:		
HOME PHONE (    )	WORK PHONE (    )			

### **TRUTH OF STATEMENTS AND AUTHORIZATION FOR REFERENCES**

I hereby certify that the answers given by me to the above questions and statements are true and correct, and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies, and any other source of information that may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment without liability to Cardiology Associates.

### **EMPLOYMENT-AT-WILL**

I further understand that no representative or employee of Cardiology Associates has the authority to enter into any agreement of contract regarding direction or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document. I understand Cardiology Associates is not guaranteeing employment for anyone and that my employment may be terminated with or without cause, and without notice, at any time, at my option or Cardiology Associates',

unless specifically provided in a written employment contract. No additional employment contract is created by virtue of my being hired by Cardiology Associates. I further understand job responsibilities are subject to change in order to meet organizational needs.

### **RELEASE OF LIABILITY STATEMENT**

I release from any and all liability all representatives of Cardiology Associates and any Cardiology Associates facility for their acts performed in good faith and without malice in connection with evaluating my application, credentials, and qualifications. I further authorize any party having information related to my qualifications for employment to release such information to Cardiology Associates (unless otherwise stated). I also release from any and all liability all individuals and organizations who provide information to Cardiology Associates in good faith without malice concerning my employment competencies, ethics, character and other qualifications, including other privileged or confidential information, and if I am employed, I also authorize Cardiology Associates to release such similar information to prospective future employers, and I release Cardiology Associates and its employees from any liability or damages that may result from providing such information.

### **ACKNOWLEDGMENT**

- I consent to any pre-employment physicals, drug testing and background checks required by Cardiology Associates. I further agree that Cardiology Associates may obtain a copy of my driving record if relevant to the position I have applied for.
- I further represent that I am not legally restricted in any manner from being employed by Cardiology Associates.
- I have a legal right to work in this country, and I understand that I will be required to provide verification of my right to work after the decision has been made to hire me. I also understand that my failure to provide verification in a timely manner will result in my termination.
- I acknowledge as an applicant that I have the responsibility to communicate to Cardiology Associates all updates and changes to this application that occur between the completion of this application and any interview and/or telephone screen that may take place when being considered for an open position.

### **AGREEMENT TO TERMS**

I acknowledge that I have read and agree to the terms of the application, including the Truth of Statements and Authorization for References, Employment At-Will, and Release of Liability Statement. Please note that any employee who is hired and then requests medical leave before they have completed one full year of employment may be subject to termination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail application and resume to:

CARDIOLOGY ASSOCIATES – HUMAN RESOURCES  
PO BOX 22425  
GREEN BAY WI 54305-2425

**FOR HUMAN RESOURCE USE ONLY**

Position Title: \_\_\_\_\_

Date Offered: \_\_\_\_\_ Date Accepted: \_\_\_\_\_ Date Declined: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Resume Received: Yes No

Reference Check Completed: Yes No ---- Pass or Fail

Background Check Completed: Yes No ---- Pass or Fail

Pre-employment Physical and Drug Test Completed: Yes No

Passed Health Screen: Yes No

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Full-time Part-time Temporary PRN

Rehire: Yes No

Work Permit: Yes No

Diploma/Licensure/Registration/Certification Required: Yes No

If yes, type: \_\_\_\_\_

Years of previous experience: \_\_\_\_\_ Rate of pay: \_\_\_\_\_

Employment Hourly Status: \_\_\_\_\_

Start Date: \_\_\_\_\_ Scheduled Hours: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_