



(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Columbus Cardiology Associates fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state, or local law. In accordance with requirements of the Americans with Disabilities Act and applicable federal, state and/or local laws, it is our policy to provide reasonable accommodation upon request during the application process to applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal, state and/or local employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, Columbus Cardiology Associates maintains a smoke- free workplace.

Position applied for: _____ Date: _____

Salary Expectations: _____ Email address: _____

Legal Name: _____
First Middle Last

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Date of Birth: _____

SSN: _____ Other last names (if applicable) _____

If you are under 18 years of age, please specify your age: _____ (This information will be used only for child labor law purposes).

Are there any days, shifts, or hours you will not work? ___Yes ___No

If yes, please explain: _____

Will you work overtime, if required? ___Yes ___No

***Note:** It is not necessary for you to identify unavailability for work because of religious observance, or practice or any other protected classification. Subsequent to any job offer, we will consider whether a reasonable accommodation can be made.

When will you be able to start work? _____

How did you learn of the company? _____

Have you ever applied or worked for Columbus Cardiology Associates before? ___Yes ___No

If yes, provide position and dates: _____

Are you legally authorized to work in the United States? ___Yes ___No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1Bvisa status)?
___Yes ___No

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification “Form I-9” be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

Driving Record: (Answer only if driving is a requirement of the job for which you are applying).

Do you have a valid driver’s license? ___Yes ___No State: _____

License Number: _____

Have you had any tickets? ___Yes ___No If yes, please explain:

Education

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for. (A separate sheet may be attached to list all Certifications/Licenses and Expiration dates).

Name, City and State of Educational Institution	Graduated		If no, Degree Credits Earned	Type of Degree Received or Expected	Major	Minor	Grade Point/ Overall GPA
	Yes	No					
High School (Name, Address)							
College or University (Name, Address)							
Technical/GED (Name, Address)							
Licenses/ Certification							
Expiration Date:							
Other Licenses/Certifications							
Expiration Date:							

Employment History:

Please complete all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, including military assignments and voluntary employment, and provide ten (10) years of history. (A separate sheet may be attached.) Explain any gaps in your employment history.

Company Name: _____ Phone: _____

Address: _____

Name of Supervisor: _____ May we contact: ☐ Yes ☐ No

Dates Employed: From: _____ To: _____

List job titles and describe job duties: _____

Reason for leaving: _____

Company Name: _____ Phone: _____

Address: _____

Name of Supervisor: _____ May we contact: ☐ Yes ☐ No

Dates Employed: From: _____ To: _____

List job titles and describe job duties: _____

Reason for leaving: _____

Company Name: _____ Phone: _____

Address: _____

Name of Supervisor: _____ May we contact: ☐ Yes ☐ No

Dates Employed: From: _____ To: _____

List job titles and describe job duties: _____

Reason for leaving: _____

Have you ever been discharged or asked to resign from employment? ☐ Yes ☐ No

If yes, explain: _____

Did you receive any discipline in your last 12 months of active employment with your previous employer?
☐ Yes ☐ No If yes, explain: _____

Were you given a performance evaluation within the last 12 months of active employment?

☐ Yes ☐ No

If yes, what was the range of scores used and what was your score?

Have you signed any non-competition or non-solicitation agreement or any other kinds of agreements with any other employer that might restrict you from working for the company (you will be required to furnish a copy of the agreement if you are being considered for hire)? ☐ Yes ☐ No

If yes, please explain: _____

Professional References (Please list three individuals unrelated to you with whom you have worked who know your qualifications for this position,). **You must include one Manager/Supervisor, and two co-workers or leaders. References should not be from the same company.** (Physicians are acceptable).

Name: _____ Company Name: _____

Address: _____ Phone: _____

Relationship: _____ Email: _____

Name: _____ Company Name: _____

Address: _____ Phone: _____

Relationship: _____ Email: _____

Name: _____ Company Name: _____

Address: _____ Phone: _____

Relationship: _____ Email: _____

Military

Branch of Service: _____ Number of Years/Months of Service: _____

Rank at discharge: _____ Date of Discharge: _____

Describe any military skills, training or experience you believe are relevant to the job you applied for:

Applicant's Signature: _____ Date: _____

APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein and during the entire application process (including but not limited to information provided in resumes, attachments to this application, interviews or otherwise (if applicable)) are true and complete to the best of my knowledge.

I understand that any misrepresentations, omissions of facts or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice.

I consent to and authorize Columbus Cardiology Associates, to contact my former employers, references, and all other persons and organizations for information bearing upon my qualifications for employment.

I further authorize the listed employers, schools, and professional references to give Columbus Cardiology Associates (without further notice to me) all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR COLUMBUS CARDIOLOGY ASSOCIATES OR WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTES AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND COLUMBUS CARDIOLOGY ASSOCIATES.

I ALSO UNDERSTAND THAT MY AT-WILL EMPLOYMENT STATUS WITH THE COMPANY MAY ONLY BE ALTERED IN AN INDIVIDUAL CASE OR GENERALLY IN A WRITING SIGNED BY THE OWNER, PRESIDENT OR CEO OF THE COMPANY AND THAT MY AT-WILL STATUS MAY ONLY BE ALTERED IN AN INDIVIDUAL CASE OR GENERALLY IN A WRITING.

I understand that I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; background check and preemployment drug test. If I am offered employment or start work before any required test is completed, I understand that my employment is contingent on a satisfactory result on all required tests. I authorize Columbus Cardiology Associates to release the results of my pre-employment drug/alcohol test, any information on this application and any relevant information about me to each other and to other clients for whom I have applied for employment, and release Columbus Cardiology Associates and its clients from any and all claims related to the lawful release of this information. I further authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

Applicant's Signature: _____ Date: _____