

Application for Employment

Equal Opportunity Employer

Waco Cardiology Associates does not discriminate in hiring or employment on the basis of race, color, age, religion, creed, national origin, ancestry, veteran status or disability. No question on this application is intended to secure information to be used for such discrimination. The Company will reasonably accommodate all applicants and employees with disabilities if the Company is informed of such disability.

PLEASE PRINT

Date _____

Name (Last, First, Middle) _____

Address _____

Telephone (hm) _____ (other) _____

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give dates _____

Reason for leaving _____

Are you employed now? Yes No May we contact your present employer? Yes No

Any friends or relatives working for this company? _____

What job are you applying for? _____

Have you ever been convicted of a felony?
 Yes No If yes, please explain _____

(Such a conviction is not an automatic bar to employment. Any information supplied regarding the circumstances, rehabilitation and age at the time will be considered. You may attach additional information which you want considered.)

Have you ever had a professional license revoked, denied, surrendered or suspended? Yes No If yes, please

explain: _____

Have you ever been excluded, sanctioned or suspended from Medicare/Medicaid or any other government program; or from doing business with any government or government agency: Yes No If yes, please

explain: _____

On what date would you be available for work? _____

Are you available to work full-time part-time Will you work overtime, if asked? Yes No

List any special considerations which would affect the hours you could work: _____

Current & Former Employers: (List your last three employers starting with the current or most recent.)

1. _____

| | | |
|--------------------|------------|----------------|
| Business Name | | Telephone No. |
| Position | Supervisor | Dates Employed |
| Reason for Leaving | | Last Wages |

2. _____

| | | |
|--------------------|------------|----------------|
| Business | | Telephone No. |
| Position | Supervisor | Dates Employed |
| Reason for Leaving | | Last Wages |

3. _____

| | | |
|--------------------|------------|----------------|
| Business | | Telephone No. |
| Position | Supervisor | Dates Employed |
| Reason for Leaving | | Last Wages |

References: List below the names of three persons not related to you.

| Name | Address | Telephone | Years Acquainted |
|----------|---------|-----------|------------------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |

Education

| School Level | Name & Location | Number of Years Attended | Did you Graduate? |
|--------------|-----------------|--------------------------|-------------------|
|--------------|-----------------|--------------------------|-------------------|

Grammar School _____

High School _____

College _____

Trade or Business School _____

Honors Received _____

Please list any special skills and qualifications: _____

Use the space below if you wish to volunteer additional information you feel may be helpful to us in considering your application.

NOTE: Please carefully read the statements below. After you have read the statements, please sign and date in the space provided below.

I certify that the facts contained in this application and in any resume or other material provided to the Company and in any oral statements by me are true and complete to the best of my knowledge. I understand that, if employed, omissions, incomplete statements, or false statements on this application or other materials supplied to the Company or in oral statements by me in the hiring process shall be grounds for dismissal.

I authorize a background investigation of all statements contained herein and authorize the employers and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that all information provided by me, the applicant, such as gender and age, will be used only to prevent misidentification during the background investigation process, and will not be used in a discriminatory manner in the employment decision.

I UNDERSTAND AND AGREE THAT, IF HIRED:

1. MY EMPLOYMENT IS FOR NO DEFINITE PERIOD BUT MAY BE TERMINATED BY THE COMPANY AT ANY TIME WITHOUT ANY PRIOR NOTICE AND WITHOUT CAUSE.
2. NO OFFICER OR EMPLOYEE OF THE COMPANY CAN GUARANTEE ME EMPLOYMENT FOR ANY PERIOD OF TIME OR ANY SPECIFIC SALARY BENEFITS EXCEPT BY A WRITTEN EMPLOYMENT AGREEMENT SIGNED BY ADMINISTRATION BETWEEN ME AND THE COMPANY.
3. I WILL COMPLY WITH ALL RULES AND REGULATIONS OF THE COMPANY INCLUDING THE DRUG AND ALCOHOL POLICY. I UNDERSTAND THE COMPANY'S RULES, REGULATIONS AND POLICIES ARE NOT A CONTRACT AND MAY BE CHANGED OR WAIVED BY THE COMPANY AT ANY TIME.

Date: _____

Signed: _____