

# SACRAMENTO HEART & VASCULAR MEDICAL ASSOCIATES

POSITION (S) APPLIED FOR:

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## Application for Employment

An Equal Opportunity Employer

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Date: \_\_\_\_\_

Present Address: \_\_\_\_\_ How long at this address: \_\_\_\_\_

City: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

EDUCATION	SCHOOL, NAME, CITY, STATE	COURSE/CERTIFICATE/MAJOR	DID YOU GRADUATE?	DEGREE OR DIPLOMA
Last High School Attended				
Business, Trade or Vocational				
Health Care Training				
College or University				

Yes  No Do you have the right to legally work in the U.S.? (*Proof of identity and legal authority to work in the US is a condition of employment.*)

Yes  No Are you at least age 18? (*Proof of age and work permits may be required prior to hiring.*)

Yes  No Do you have reliable means of transportation to and from work?

Yes  No Are you able to perform the essential functions of the position for which you are applying either with or without reasonable accommodations? If necessary, please describe what type(s) of reasonable accommodations are needed:

### AVAILABILITY PLEASE CHECK ALL THAT APPLY

I am available and desire to work FULL-TIME and do not have any restrictions on my hours and days. Available  M-F  Holidays  Weekends

I am available and desire to work PART-TIME. Specify hours/days available: \_\_\_\_\_

I am available and desire work as TEMPORARY:  FULL-TIME  PART-TIME Specify hours/days available: \_\_\_\_\_

If employed now, why do you wish to change?

Date available to work: \_\_\_\_\_ Salary Desired: \$ \_\_\_\_\_ Minimum Salary: \$ \_\_\_\_\_

Geographical preferences: \_\_\_\_\_ Are you multilingual?  Yes  No

Foreign Language: \_\_\_\_\_  Speak  Read  Write Foreign Language: \_\_\_\_\_  Speak  Read  Write

### PROFESSIONAL REFERENCES ONLY

Name	Title	Company	Address	Phone

**EMPLOYMENT EXPERIENCE** ALL APPLICANTS MUST FILL OUT HISTORY EVEN WHEN SUBMITTING A RESUME. (Past 10 years)

List present or most recent employer first. May we contact your present employer?  Yes  No May we contact you at work?  Yes  No

Employer	From < <b>Dates Employed</b> > To	Kind of Business/Type of Work Performed
Address		
Job Title	Start < <b>Hourly Rate/Salary</b> > Final	
Supervisor		
Reason for Leaving		

Employer	From < <b>Dates Employed</b> > To	Kind of Business/Type of Work Performed
Address		
Job Title	Start < <b>Hourly Rate/Salary</b> > Final	
Supervisor		
Reason for Leaving		

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Job Title	Start < <b>Hourly Rate/Salary</b> > Final	
Supervisor		
Reason for Leaving		

Have you ever been terminated or asked to resign from any job?  Yes  No If yes, please explain the circumstances:

**Please identify and explain all periods of unemployment during the last 5 years.**

From	To	Reason for Unemployment

Have you ever worked under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what name(s)	What company(ies) or organization(s)?
Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/ books published, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or disability.)		
Have you ever obtained or are you maintaining a professional or vocation license for certification within the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list:		

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**EMERGENCY INFORMATION** Person to be notified in case of accident or emergency:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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**GENERAL INFORMATION** Yes  No Have you ever been convicted of a felony or serious crime? Nature of Crime: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

 Yes  No Are you currently using illegal drugs, or have you done so in the recent past? Yes  No Have you previously applied for employment here? If yes, when? \_\_\_\_\_ Yes  No Have you previously been employed by this company or its subsidiaries? If yes, when? \_\_\_\_\_How did you hear of Sacramento Heart & Vascular Medical Associates  Walk-In  Employee Referral (name) \_\_\_\_\_  
 Agency  Newspaper  Other \_\_\_\_\_**NOTICE:** New employees are required to produce verification of their legal right to work in the United States. If you are offered employment, you will be required to produce sufficient documentation of your identity and right to work in the United States and to attest under the penalty of perjury that the documents you have produced are genuine and relate to you.

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**AGREEMENT** Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_  
Initials **ALL APPLICANTS:** I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials **RELEASE OF INFORMATION:** I hereby authorize Sacramento Heart & Vascular Medical Associates, to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to Sacramento Heart & Vascular Medical Associates any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Sacramento Heart & Vascular Medical Associates, my former employers and all other persons, corporations, partnerships and associations and government agencies from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials **APPLICANTS:** All applicants will be subject to a background check which includes, but is not limited to a social security number trace and validation, felony/ misdemeanor conviction search for the past 7 yrs, previous employment verification, professional license verification, OIG Excluded Person List, motor vehicle check, etc.

\_\_\_\_\_  
Initials **EMPLOYEE-AT-WILL:** I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Sacramento Heart & Vascular Medical Associates. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Sacramento Heart & Vascular Medical Associates and that no promises or representations contrary to the foregoing are binding on Sacramento Heart & Vascular Medical Associates unless in writing and signed by me and Sacramento Heart & Vascular Medical Associates designated representative.

**ALL APPLICANTS:** If you have any questions regarding these statements, please ask a Sacramento Heart & Vascular Medical Associates representative before signing.

I hereby acknowledge that I have read the above statements and understand the same.

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

**An Equal Opportunity Employer:** Sacramento Heart & Vascular Medical Associates is an equal opportunity employer. We do not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights law.