



THE HEART GROUP

Application for Employment

Applicants with disabilities may request assistance in the application process

Name: _____ Social Security No: _____
(last) (First) (MI)

Address: _____ Apt# _____
(Street)

(City) (State) (Zip)

Phone: Home: () _____ Work: () _____

Are you age 18 or older? Yes No

POSITION(S) APPLYING FOR: _____

Salary Requirements: \$ _____

Location Preference or Limitations: _____

Date Available: _____

TYPE OF EMPLOYMENT DESIRED: (Check Any)

Full Time Part Time Temporary Summer

How were you referred to The Heart Group? _____

Are you legally eligible to work in the United States? YES NO
(Proof of eligibility will be required for employment.)

Have you ever been convicted of a felony? YES NO
(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

If yes, please explain: _____

If you have a sealed record on file with a probation department you may answer "no" in response to this question. In addition, you may answer "no" in response to this question in all cases of delinquency as a minor or as a "child in need of service" (CHINS) which did not result in a complaint transferred to circuit or superior court for criminal prosecution.

The Heart Group does not discriminate in hiring or employment on the basis of race, color, ancestry, religion, national origin, sex, disability, veteran status, or age. No question on this application is intended to secure information to be used for such discrimination.

This application will be retained in an active file for sixty days from the date submitted. Applicants who wish to be considered for employment after the sixty-day period must contact the Company at that time.

An Equal Opportunity Employer M/F/V/D

Employment History

Please list all employment including self-employment, summer or part-time work, and full-time military service in reverse chronological order. (This section must be completed in full regardless of whether or not you submit a resume.)

Company Name: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

Starting Salary: _____ Ending Salary: _____

Dates: From: _____ To: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Company Name: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

Starting Salary: _____ Ending Salary: _____

Dates: From: _____ To: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Company Name: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

Starting Salary: _____ Ending Salary: _____

Dates: From: _____ To: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

If employed, may we contact employer as a reference? Yes No

Please explain any gaps in employment: _____

Have you ever served in the Armed Forces? Yes No

If yes which branch? _____

Nature of your responsibilities _____

Date Entered _____ Date Separated _____ Type of Discharge _____

Academic Record

	School	City/State	Dates Attended	Degrees/Diploma Received	Major
High School					
College					
Technical/Trade					
Other Professional School					
Graduate School					

Scholastic Honors, scholarships, ect. _____

SPECIALIZED TRAINING AND/OR EXPERIENCE

- | | | |
|--|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Electronic Spread Sheets | <input type="checkbox"/> Personal Computer _____ |
| <input type="checkbox"/> Billing | <input type="checkbox"/> Insurance, ICD-9 Coding | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> 10 Key Calculator | <input type="checkbox"/> Letter Composition | <input type="checkbox"/> Shorthand (WPM) _____ |
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Switchboard _____ |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Medical Transcription (WPM) | <input type="checkbox"/> Typing (WPM) _____ |
| <input type="checkbox"/> Dictating Equipment | <input type="checkbox"/> Microfilming | <input type="checkbox"/> Word Processor (WPM) _____ |

Special skills, training, and/or experience _____

What foreign language(s) do you speak, read, or write? _____

Please indicate whether you have relatives working at The Heart Group.

Name: _____

Relationship: _____

Have you ever been employed by The Heart Group? Yes No

If yes, from _____ to _____

Under what name? _____ Position Held _____

Reason for Leaving? _____

References

List three business references who are not relatives.
If not previously employed, list three personal references.

Name	Title	Company	Relationship	Telephone	Years Known
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Name	Title	Company	Relationship	Telephone	Years Known
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Name	Title	Company	Relationship	Telephone	Years Known
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Agreement

I understand that upon receiving an offer of employment with The Heart Group, such offer is conditional upon testing negative to a substance screening test. I further understand that a positive test will nullify any offer of employment with The Heart Group. I hereby authorize the release to The Heart Group of the results of a substance screening test for use in determining eligibility for employment with The Heart Group. I hereby release The Heart Group and the facility performing the substance screening test from any and all claims or actions, or potential claims or actions arising out of this testing process, including but not limited to those relating to rights of privacy and confidentiality. This authorization shall remain valid for a period of six months from the date below.

I give The Heart Group the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Company and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I understand that just as I am free to terminate my employment at any time. The Heart Group reserves the same right with or without cause and without prior notice. I understand that no representative of the Company has the authority to make any assurances to the contrary.

I acknowledge that I have read and understand the foregoing statement. I certify that information herein is true and complete to the best of my knowledge. I understand that false or misleading information given in my application, resume, or interview(s) may result in discharge and that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date