



Tyler Cardiovascular Consultants, P.A.

EXPERIENCE. HEALING.

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

We will only accept applications for available positions.

PERSONAL INFORMATION

Name (First, Middle, Last): _____

Home Address (Street, Apt. No., City, State, Zip): _____

Social Security No.: _____

Daytime Phone: _____ Home/Cell Phone: _____

Are you 18 years of age or older? Yes No

Are you eligible to work in the United States? Yes No

DESIRED EMPLOYMENT

Current available position(s) applying for: _____

Minimum salary requirements: _____

Are you currently employed? Yes No

Date you are available to start: _____

Have you ever applied for employment with Tyler Cardiovascular Consultants, PA before? Yes No

Have you ever worked for Tyler Cardiovascular Consultants, PA or for an association who has merged with or into Tyler Cardiovascular Consultants, PA?

Yes No

If yes, indicate dates, title(s), department(s), former name(s) if applicable and reason for leaving: _____

Do you have any relatives that work for Tyler Cardiovascular Consultants, PA?

Yes No

If yes, indicate name, title, department, and relationship: _____

How did you hear about or who referred you to us: _____

EDUCATION

Do you have a High School Diploma or equivalency? Yes No

College, Vocational, etc. education or training:

School/Institution Name & Location: _____

Did you graduate? Yes No

Major or Courses: _____

Additional training or education (including completion dates): _____

LICENSES/CERTIFICATES

Type	State	Number	Date Received	Expiration Date

WORK EXPERIENCE – Please complete all information regarding current or previous employers. A resume may not be submitted in lieu of completion.

Name of Employer: _____

Co. Address, City, State, & Zip: _____

Employment Dates (MM/DD/YYYY to MM/DD/YYYY): _____ to _____

Title/Duties: _____

Starting Pay Rate: _____ Ending Pay Rate: _____

Reason for leaving: _____

Supervisor's Name/Title/Phone No.: _____

Name of Employer: _____

Co. Address, City, State, & Zip: _____

Employment Dates (MM/DD/YYYY to MM/DD/YYYY): _____ to _____

Title/Duties: _____

Starting Pay Rate: _____ Ending Pay Rate: _____

Reason for leaving: _____

Supervisor's Name/Title/Phone No.: _____

Name of Employer: _____

Co. Address, City, State, & Zip: _____

Employment Dates (MM/DD/YYYY to MM/DD/YYYY): _____ to _____

Title/Duties: _____

Starting Pay Rate: _____ Ending Pay Rate: _____

Reason for leaving: _____

Supervisor's Name/Title/Phone No.: _____

Name of Employer: _____

Co. Address, City, State, & Zip: _____

Employment Dates (MM/DD/YYYY to MM/DD/YYYY): _____ to _____

Title/Duties: _____

Starting Pay Rate: _____ Ending Pay Rate: _____

Reason for leaving: _____

Supervisor's Name/Title/Phone No.: _____

Have you ever been terminated or asked to resign from a position?

Yes No

If yes, please explain: _____

OTHER

Have there been or are there currently any disciplinary actions or any restrictions against your license?

Yes No NA

If yes, please explain fully: _____

Have you ever been convicted of, been given probation or deferred adjudication in lieu of sentencing or pled no contest for any criminal offense (felony or misdemeanor) other than a minor traffic violation?

Yes No

If yes, please explain fully: _____

Are you charged with an unresolved criminal charge? (Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge?)

Yes No

If yes, please explain fully: _____

Have you ever been convicted of any criminal offense related to healthcare or listed by a federal agency as debarred, excluded, suspended or ineligible for Federal program participation?

Yes No

If yes, please explain fully: _____

PROFESSIONAL REFERENCES

Please list below three professional references.

	Name	Phone No.	Association	Years Acquainted
1				
2				
3				

AUTHORIZATION

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I authorize the verification of any or all information listed on this application.

In consideration of my employment, I agree to conform to Tyler Cardiovascular Consultants, PA's policies and procedures, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or Tyler Cardiovascular Consultants, PA's decision. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by Tyler Cardiovascular Consultants, PA, an at-will-employer.

Signature

Date