

Heart & Vascular Center



of Arizona

Non-Invasive, Invasive,
Interventional Cardiology
Peripheral Vascular Disease
Electrophysiology & Women's
Cardiology

www.heartcenteraz.com

EMPLOYMENT APPLICATION: You must fill out all sections of this application completely and honestly. This information will be used to determine your eligibility for a position. All application materials become the property of Heart & Vascular Center of Arizona and will not be returned.

Heart & Vascular Center of Arizona provides patients, the highest level of cardiovascular care through their expertise, their highly-trained nursing staff, and leading edge technology in the diagnosis and treatment of cardiovascular disease. We are committed to remain Arizona's premier cardiology group.

As part of the application process, HVCA WILL conduct background checks on ALL applicants.

PERSONAL INFORMATION as it appears on your SSN card

Name (Last)	(First)	(Middle Name)	(Preferred Name/Nickname)
Address (Street)		(City)	
E-mail Address		(State)	(Zip)
Home Phone Number ()	Cell Phone Number ()	Desired Wage/Salary:	Social Security Number
Are you interested in <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time		Emergency Contact Name and Number: Approve to call <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you worked for HVCA before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are a minor under age 18, do you have a certificate of age or employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony, convicted of a misdemeanor involving dishonestly or moral turpitude, or convicted in a military court martial? (A conviction will not automatically bar you from employment) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Please explain:			
How did you find out about this job opening? <input type="checkbox"/> Job Board (Identify) <input type="checkbox"/> Referral (Identify) <input type="checkbox"/> Newspaper (Identify) <input type="checkbox"/> Other (Please Explain):			
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>			

EDUCATION & SKILLS

Please list all education beginning with most recent. Indicate a diploma or degree, if completed, including **GED** if obtained.

Name & Location of School	# of yrs. Complete	Graduated	Degree & Major
College		<input type="checkbox"/> Yes If no, approx. number of credit hours completed:	
Other		<input type="checkbox"/> Yes If no, approx. number of credit hours completed	
Other		<input type="checkbox"/> Yes If no, approx. number of credit hours completed	
High School/GED		<input type="checkbox"/> Yes If no, approx. number of credit hours completed	

SKILLS/CERTIFICATIONS/PROGRAMMING LANGUAGES: List technical or specialized skills/credentials (list type of license and name of state where issued), certifications, professional licenses, registrations held (include certification/registration number and expiration date) and knowledge of any computer programming languages or specialized software or hardware.

EMPLOYMENT HISTORY: List all employment including military and volunteer service *starting with the most recent position held*. Show employment history for at least 10 years or from the time you left school (supplemental sheets available). Explain gaps in employment history. This information will be used in reference checks. Failure to answer all items in the following section may eliminate you from further consideration.

Dates of Employment From: _____ To: _____		Position Title	
Salary Start: \$ _____ Final: \$ _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name Title and Phone:	Reason For Leaving:
Duties:			
Dates of Employment From: _____ To: _____		Position Title	
Salary Start: \$ _____ Final: \$ _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name Title and Phone:	Reason For Leaving:
Duties:			
Dates of Employment From: _____ To: _____		Position Title	
Salary Start: \$ _____ Final: \$ _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name Title and Phone:	Reason For Leaving:
Duties:			
Dates of Employment From: _____ To: _____		Position Title	
Salary Start: \$ _____ Final: \$ _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name Title and Phone:	Reason For Leaving:
Duties:			

BUSINESS REFERENCES – DO NOT LEAVE THIS SECTION BLANK!

(List three individuals, in addition to listed employment references, known to you for at least three years.)

NAME : First and Last	OCCUPATION AND ASSOCIATION TO CANDIDATE	TELEPHONE WITH EXTENSION
		()
		()
		()

CRIMINAL RECORD INFORMATION

All Applicants: Exclude any records expunged, annulled, sealed, or discharged under first-offender law.

Massachusetts Applicants: An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. The applicant may exclude a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. The applicant may exclude any convictions of misdemeanors which are more than five years old.

California Applicants: You may exclude convictions for possession of small amounts of marijuana if such convictions are more than two years old.

Hawaii Applicants: Do NOT answer the criminal record questions.

During the past ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a misdemeanor, having a penalty of imprisonment or a fine of more than \$500, or a felony? (Answering Yes is not an automatic bar to employment but will be considered in relation to specific job requirements.) Yes No

If Yes, explain:

Have you been convicted of a crime? (Exclude minor traffic cases; include DUIs) Yes No

If yes, describe:

Are criminal charges now pending against you? Yes No

If yes, describe:

Candidate Acknowledgement (To Be Completed By All Candidates)

General: Heart and Vascular Center of Arizona is a drug free business and verifies true identity, aliases, DOB, SSN input and address history of all candidates prior to their employment start date. We retrieve information from a database that includes Multi-States Criminal + Sex Offenders and searches for Nationwide Federal Criminal, Bankruptcy, Civil and Appellate Courts search processed on original input criteria provided.

Heart and Vascular Center of Arizona complies with the Immigration Reform and Control Act (IRCA) of 1986, which legally mandates that employers verify the employment eligibility status of newly-hired employees and made it unlawful for employers to knowingly hire or continue to employ unauthorized workers. We also comply with E-Verify and the Arizona New Hire Reporting.

Acknowledgement: I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Heart & Vascular Center of Arizona (HVCA) any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and HVCA from liability for any damage that may result from furnishing same to HVCA.

References: I understand and authorize Heart & Vascular Center of Arizona (HVCA) to obtain a consumer and/or investigative consumer report for employment purposes that may include information as to my character, general reputation, personal characteristics, and mode of living, work experience and performance, along with reasons for termination of past employment. The report may also contain a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position.

By signing this application, I authorize the procurement of a consumer, criminal and/or investigative consumer report by HVCA as part of the pre-employment background investigation and if hired, at any time during my employment. Additionally, I further understand that if hired, I will be required to successfully complete a drug screen.

By completing and submitting this disclosure statement electronically via the Internet, I agree to its terms and conditions and acknowledge that I have read the above information and that my signature thereto may be implied.

Electronic Signature: By checking the box below I am signing this Employment Application.

APPLICANT'S SIGNATURE: _____

DATE: _____