



APPLETON HEART
I N S T I T U T E

Appleton Cardiology Associates, Ltd.

Employment Application

1818 N. Meade Street

Appleton, WI 54911

(920) 731-8900 1-800-236-8988

200 Theda Medical Plaza, Suite 320

Neenah, WI 54956

(920) 722-3341 1-800-797-6767

Appleton Cardiology Associates, Ltd. is an equal opportunity employer.

PERSONAL DATAName _____ Social Security No. _____
Last First MiddleAddress _____
Street City State Zip

Telephone _____ Alternate Telephone _____

Are you over age 18? _____ Are you eligible to work in the US? _____

Have you ever been in our employ ? _____ If so, when _____

What are your salary requirements _____ How were you referred to us? _____

AVAILABILTY

Full Time _____ (40 + hours per week) Part Time _____ (less than 25 hours per week)

Casual Part Time (10-20 hours per week)

Date available to start: _____

PositionDesired: _____

EDUCATION

	Name and Location of School	Major Subject	Certificate Degree or Diploma
High School			
Professional or Technical			
College or University			
Graduate School			

PROFESSIONAL LICENSURE: _____
Type State Number Expires**SPECIAL TRAINING:** Check subjects for which you have received training.Word Processing software
Medical TranscriptionSpreadsheet Software
Medical TerminologyHospital Software
CPR Certification

EMPLOYMENT RECORD (List last position first)

Company	Dates Employed	Job Title	Reason for Leaving
Name: Address: Telephone: Supervisor: May we contact?	From: To: Salary: Hr. Mo. Yr.		
Name: Address: Telephone: Supervisor: May we contact?	From: To: Salary: Hr. Mo. Yr.		
Name: Address: Telephone: Supervisor: May we contact?	From: To: Salary: Hr. Mo. Yr.		
Name: Address: Telephone: Supervisor: May we contact?	From: To: Salary: Hr. Mo. Yr.		
Name: Address: Telephone: Supervisor: May we contact?	From: To: Salary: Hr. Mo. Yr.		

PERSONAL BACKGROUND

Have you ever been convicted of or pled nolo contendere to any crime (felony or misdemeanor), municipal drug, ordinance violation (other than minor traffic violation) or are you subject to any pending or open criminal charges or fines? **YES** **NO**, If yes;, what year and what charge was it? _____

Would you agree to a drug screening test with the understanding that employment is contingent upon satisfactory completion of this test and any other examinations that may be required? **YES** **NO**

Have you ever served in the U.S. Armed Forces? If so, which branch _____
Describe any training you received relevant to the position for which you are applying:

PERSONAL REFERENCES (Do not include relatives or former employers.)

NAME	ADDRESS	PHONE	OCCUPATION

I Certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless defined by applicable law, any employment relationship with this organization is of an "AT WILL" nature, which means the Employee may resign at any time and the employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

If further understand that in the event of employment, any false or misleading information given in my application or interview may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature _____ Date _____

The Civil Rights Act of 1964 prohibits discrimination in employment practices because of race, color, religion, sex or national origin.

DO NOT FILL OUT BELOW THIS LINE

Start Date: _____ Time: _____ Salary: _____ Position _____
 Department: _____ Drug Screen _____ TB _____ Form I-9 _____
 60 Evaluation Period Expires _____ 2 copies proof of citizenship