

Cardiovascular Specialists of Central Maryland

Application for Employment

This application must be completed even if resume is attached.

Please answer all questions. Type or print clearly using **blue or black ink**. You may attach a copy of your resume if available; however, "See Resume" is NOT acceptable. This application will remain active for ninety (90) days from application date.

Position(s) Applied For		Application Date					
PERSONAL INFORMATION		Give legal name as it appears on your U.S. Social Security card.					
Last Name		First		Middle			
Address							
City		County		State		Zip	
Home Phone		Cell Phone		Pager		Email	
Previous address if less than 5 years at current address							
U.S. Social Security Number				Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you presently legally authorized to work in the United States?				<u>Full-Time</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Part-Time</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, you will be required to submit documents sufficient to establish identity in compliance with the Immigration Reform Act of 1986.							
Have you ever been employed by Cardiovascular Specialists of Central Maryland or its predecessor entities? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give date(s):							
Have you previously applied for employment with Cardiovascular Specialists of Central Maryland or its predecessor entities? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give date(s):							
Do you have any family members presently employed with Cardiovascular Specialists of Central Maryland? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give name(s):							
Are you currently employed by any division or affiliate of the Johns Hopkins Health System? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate division or affiliate:							
Have you ever been convicted of a crime?* <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any felony charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No							
* A yes response does not automatically disqualify a job applicant from further consideration. Each application is evaluated individually, based on a number of factors including the nature of the crime, how long ago the crime and/or release from incarceration occurred, whether a sufficient or satisfactory work record has been established since the crime and/or release from incarceration, and the position applied for.							
Identify all misdemeanor and felony convictions. Please give dates, places, charges and disposition of all convictions, and any other information about convictions you would like Cardiovascular Specialists of Central Maryland to consider.							
Will you consider temporary employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you desire to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Either							
Number of hours available per week (1-40)?				Date Available to Start Work			
Which day(s) of the week are you available to work? <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun							
Minimum salary requirement: \$_____ Per hour \$_____ Per year							
EDUCATION		List all secondary and post-secondary educational institutions attended, whether graduated/degreed or not.					
EDUCATION LEVEL	SCHOOL NAME	Attended From (Date)	Attended Until (Date)	MAJOR	Did You Graduate?	State or Country	
H. S.							
COLLEGE							
COLLEGE							
OTHER							

TRAINING COURSES/SEMINARS	List applicable courses completed but not included in education above.		
TRAINING COURSE OR SEMINAR TITLE	COMPLETION DATE		
1.			
2.			
3.			
4.			
VOLUNTEER EXPERIENCE OR CIVIC ACTIVITIES	List all applicable volunteer experience or civic activities.		
ORGANIZATION	ROLE IN ORGANIZATION	START DATE	END DATE
1.			
2.			
3.			
4.			
LICENSES / CERTIFICATIONS / REGISTRATIONS	List all applicable licenses, certifications, and/or registrations that you hold.		
LICENSE / CERTIFICATION / REGISTRATION	LICENSE / CERTIFICATE OR REGISTRATION #	ISSUED BY	ISSUE DATE
1.			
2.			
3.			
4.			
PROFESSIONAL AND BUSINESS OR CIVIC MEMBERSHIPS	Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/National Guard or any similarly protected status.		
NAME OF ORGANIZATION	POSITION(S) HELD	MEMBERSHIP DATES	
1.			
2.			
3.			
4.			
EMPLOYMENT HISTORY	Start with present or most recent employer. List all paid employment, full-time and part-time, including military service, IN REVERSE ORDER (most recent first). Include all positions held. PLEASE PRINT CLEARLY.		
Present or Most Recent Employer Name		Phone	
City	State	Country	
Supervisor's Name	May we contact your supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Upon job offer	
Start Date (MM/YY)	End Date (MM/YY)	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Final Salary \$	<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year	Number of Hours Per Week	
End Title or Position			
Reason for Leaving Position			
Primary Duties or Job Responsibilities			

Previous Employer Name #1				Phone
City	State		Country	
Supervisor's Name			May we contact your supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date (MM/YY)	End Date (MM/YY)	<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time
Final Salary \$	<input type="checkbox"/> Per Hour	<input type="checkbox"/> Per Year	Number of Hours Per Week	
End Title or Position				
Reason for Leaving Position				
Primary Duties or Job Responsibilities				
Previous Employer Name #2				Phone
City	State		Country	
Supervisor's Name			May we contact your supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date (MM/YY)	End Date (MM/YY)	<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time
Final Salary \$	<input type="checkbox"/> Per Hour	<input type="checkbox"/> Per Year	Number of Hours Per Week	
End Title or Position				
Reason for Leaving Position				
Primary Duties or Job Responsibilities				
Previous Employer Name #3				Phone
City	State		Country	
Supervisor's Name			May we contact your supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date (MM/YY)	End Date (MM/YY)	<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time
Final Salary \$	<input type="checkbox"/> Per Hour	<input type="checkbox"/> Per Year	Number of Hours Per Week	
End Title or Position				
Reason for Leaving Position				
Primary Duties or Job Responsibilities				
Do you have more than three (3) previous employers? <input type="checkbox"/> Yes → <input type="checkbox"/> No →				
Please continue on page 4. Please continue on page 5.				

Previous Employer Name #4			Phone
City	State	Country	
Supervisor's Name	May we contact your supervisor?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date (MM/YY)	End Date (MM/YY)	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Final Salary \$	<input type="checkbox"/> Per Hour	<input type="checkbox"/> Per Year	Number of Hours Per Week
End Title or Position			
Reason for Leaving Position			
Primary Duties or Job Responsibilities			

Previous Employer Name #5			Phone
City	State	Country	
Supervisor's Name	May we contact your supervisor?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date (MM/YY)	End Date (MM/YY)	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Final Salary \$	<input type="checkbox"/> Per Hour	<input type="checkbox"/> Per Year	Number of Hours Per Week
End Title or Position			
Reason for Leaving Position			
Primary Duties or Job Responsibilities			

Previous Employer Name #6			Phone
City	State	Country	
Supervisor's Name	May we contact your supervisor?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date (MM/YY)	End Date (MM/YY)	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Final Salary \$	<input type="checkbox"/> Per Hour	<input type="checkbox"/> Per Year	Number of Hours Per Week
End Title or Position			
Reason for Leaving Position			
Primary Duties or Job Responsibilities			

Do you have previous employment experience that you are unable to list because of space limitations on this Application (more than 6 previous employers)? Yes No If yes, please attach an additional page listing the information indicated for each additional employer (you may either copy this page or use a blank page as long as all required information is included).

PROFESSIONAL AND EDUCATIONAL/TRAINING REFERENCES		List the names and telephone numbers of at least three business/work references who are NOT related to you and who are NOT previous supervisors. If not applicable or three business/work references are not available, list up to three school or training references who are NOT related to you. DO NOT LIST FRIENDS OR CO-WORKERS.	
NAME	KNOWN IN WHAT CAPACITY	TELEPHONE	YRS KNOWN
1.			
2.			
3.			
ADDITIONAL COMMENTS OR EXPLANATIONS		Please use this section to explain any gaps of more than two (2) months in your employment and/or educational history, or to provide any additional comments that would assist Cardiovascular Specialists of Central Maryland in considering your Application for Employment.	

Please continue to page 6.

APPLICANT CERTIFICATION AND AUTHORIZATION

Please carefully read the following Applicant Certification and Authorization and sign and date where indicated.

I CERTIFY that the information provided on this Application for Employment and accompanying resume (if any) has been provided by me, and is true and correct to the best of my knowledge. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I UNDERSTAND that Cardiovascular Specialists of Central Maryland will rely on such information in making a decision to offer me employment and in continuing my employment. I also understand that Cardiovascular Specialists of Central Maryland may investigate my work and personal history and verify all data given on this Application for Employment, on related papers, and in interviews, and I HEREBY AUTHORIZE Cardiovascular Specialists of Central Maryland to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this Application.

I HEREBY AUTHORIZE Cardiovascular Specialists of Central Maryland to obtain a criminal background check and/or an investigative consumer report and understand that such report may contain information as to my background, mode of living, character and personal reputation. Further information may be available upon written request within a reasonable period of time.

I HEREBY AUTHORIZE all current and former employers to release to Cardiovascular Specialists of Central Maryland my complete personnel record including but not limited to salary history, performance evaluations, disciplinary reports, and attendance records. I hereby release Cardiovascular Specialists of Central Maryland, its agents, employees or representatives, from liability for seeking, gathering, and using such information in the employment process and I hereby release all current and former employers, their agents, employees, or representatives, from liability for providing such information.

I UNDERSTAND that Cardiovascular Specialists of Central Maryland does not unlawfully discriminate in employment and that no question on this Application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I UNDERSTAND that this Application remains active for only ninety (90) days. At the conclusion of that time, if I have not heard from Cardiovascular Specialists of Central Maryland and still wish to be considered for employment, it will be necessary to reapply and complete a new Application.

I UNDERSTAND and agree, if I am hired, that the terms, conditions, compensation, benefits, hours, schedule and duration of my employment (whether set forth in the employee handbook or not) may be determined, changed and modified from time to time at the will of Cardiovascular Specialists of Central Maryland without limitation or condition.

I UNDERSTAND and agree, if I am hired, that Cardiovascular Specialists of Central Maryland adheres to the doctrine of employment "at will." Under this doctrine, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and that Cardiovascular Specialists of Central Maryland reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This Application does not constitute an agreement or contract for employment for any specified period or definite duration.

I UNDERSTAND that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

APPLICANT
NAME

APPLICANT
SIGNATURE

DATE