



Gateway Cardiology, P.C. Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last First Middle

Present Address

Permanent Address (if different than above)

Social Security Number

Telephone

Date Of Birth*

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by Gateway Cardiology, P.C.?

3. How were you referred to Gateway Cardiology, P.C.? _____

5. Have you ever plead guilty or been convicted of a felony? Yes No If yes, please explain:

* Date Of Birth is needed for verification of social security and background check.

II. Educational History

School Name/Location	Years Completed	Degree/Diploma
Elementary school _____		
High School _____		
College _____		
Tech. Training _____		
Other _____		

III. Employment Record *Please include all employment for the last five years.*

1. _____

Company Name (Current or Most Recent Employer)	Position Held
_____	_____
Address	Dates Employed: _____
_____	From To
_____	_____
Manager / Supervisor	Telephone Wage/Salary
_____	_____
Reason For Leaving	

2. _____

Company Name	Position Held
_____	_____
Address	Dates Employed: _____
_____	From To
_____	_____
Manager / Supervisor	Telephone Wage/Salary
_____	_____
Reason For Leaving	

3. _____

Company Name	Position Held
_____	_____
Address	Dates Employed: _____
_____	From To
_____	_____
Manager / Supervisor	Telephone Wage/Salary
_____	_____
Reason For Leaving	

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

_____	_____
(Employer's Name)	Reason
_____	_____
(Employer's Name)	Reason

IV. References *Please do not include relatives or former employers.*

1. _____
Name Years Known

Address Telephone

Occupation

2. _____
Name Years Known

Address Telephone

Occupation

3. _____
Name Years Known

Address Telephone

Occupation

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

2. Do you have any objection to working overtime? () Yes () No
3. Can you work overtime without prior notice? () Yes () No
4. Can you work on Saturday? () Yes () No
5. Can you work on Sunday? () Yes () No
6. Can you travel if required by this position? () Yes () No

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

Please return this application to:
Gateway Cardiology, P.C.
Employment Opportunities
11140 South Towne Square, Suite 1050
St. Louis, MO 63123
Or Fax: 314-894-0701
(No phone Calls Please)



Gateway Cardiology, P.C.

Background Research Release

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge.

1. Consent To Conduct Background Investigation

As a condition of and in consideration for Gateway Cardiology, P.C. consideration of this application, I give permission to Gateway Cardiology, P.C. to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to Gateway Cardiology, P.C. to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

2. Consent To Contact Past Employers

I give permission to Gateway Cardiology, P.C. to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with Gateway Cardiology, P.C., consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of Gateway Cardiology, P.C. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers to Gateway Cardiology, P.C. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

3. Consent To Contact Government Agencies

I give permission to any agent, attorney or representative of Gateway Cardiology, P.C. to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate Gateway Cardiology, P.C. as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

4. Cooperation With Investigation

I agree to fully cooperate in Gateway Cardiology, P.C. background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

5. Falsification Statement

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

6. Employment "At Will"

In consideration of my employment, I agree to conform to the rules and regulations of Gateway Cardiology, P.C., and my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either Gateway Cardiology, or myself, except as otherwise provided by law. I understand that no manager or representative of Gateway Cardiology, P.C., other than the President of Gateway Cardiology, P.C., has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contract to the foregoing, and that any promises to the contrary will only be relied upon by me if they are in writing and signed by the President of Gateway Cardiology, P.C.

Applicant's Signature

Date



Gateway Cardiology, P.C. Background Research Release

Authorization and General Release

The undersigned [Name of Applicant] in connection with this application, authorizes all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services and former employers to release information they may have about me to Gateway Cardiology, P.C. or its agents and releases them from any liability or responsibility from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

Applicant's Signature

[x] (Witness's Name), Witness

Date

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