

APPLICATION FOR EMPLOYMENT

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough space on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

JOB INFO	Job applying for _____ Today's date _____ Are you seeking <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary employment? Start date _____																																				
PERSONAL INFORMATION	Name _____ Home phone number _____ Address _____ City/State/Zip code _____ Alternate phone number _____ Social Security number _____ Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you are hired, you will be required to submit proof of age.) If hired, can you furnish proof you are eligible to work in the U.S.? Are you fluent in any foreign languages? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you travel if required by the job? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you currently hold a valid professional license/certification (if applicable) for the position you are applying? If so, please list and attach a copy. <input type="checkbox"/> Yes <input type="checkbox"/> No Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No																																				
BACKGROUND INFORMATION	Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Were you ever employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Are any relatives employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____ Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who do you suggest we contact? _____ Have you ever been excluded from participation by Medicare/Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____ Have you ever worked or attended school under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give names: _____ Have you ever been convicted of a felony within the last seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: _____ (A Yes answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying are also considered.)																																				
EDUCATION AND SKILLS	High School or GED: _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><i>Name of school</i></td> <td style="width: 25%; text-align: center;"><i>Address</i></td> <td style="width: 25%; text-align: center;"><i>Years attended</i></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;"><i>Degree or credits received</i></td> <td colspan="2" style="text-align: center;"><i>Course studied</i></td> </tr> <tr> <td>_____</td> <td colspan="2">_____</td> </tr> </table> College or University: _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><i>Name of school</i></td> <td style="width: 25%; text-align: center;"><i>Address</i></td> <td style="width: 25%; text-align: center;"><i>Years attended</i></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;"><i>Degree or credits received</i></td> <td colspan="2" style="text-align: center;"><i>Course studied</i></td> </tr> <tr> <td>_____</td> <td colspan="2">_____</td> </tr> </table> Vocational or Technical: _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><i>Name of school</i></td> <td style="width: 25%; text-align: center;"><i>Address</i></td> <td style="width: 25%; text-align: center;"><i>Years attended</i></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;"><i>Degree or credits received</i></td> <td colspan="2" style="text-align: center;"><i>Course studied</i></td> </tr> <tr> <td>_____</td> <td colspan="2">_____</td> </tr> </table> What skills or additional training do you have that relate to the job for which you are applying? _____ What equipment and software can you operate that relate to the job for which you are applying? _____ List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____ _____	<i>Name of school</i>	<i>Address</i>	<i>Years attended</i>	_____	_____	_____	<i>Degree or credits received</i>	<i>Course studied</i>		_____	_____		<i>Name of school</i>	<i>Address</i>	<i>Years attended</i>	_____	_____	_____	<i>Degree or credits received</i>	<i>Course studied</i>		_____	_____		<i>Name of school</i>	<i>Address</i>	<i>Years attended</i>	_____	_____	_____	<i>Degree or credits received</i>	<i>Course studied</i>		_____	_____	
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JOB EXPERIENCE

List names of employers in consecutive order with PRESENT to LAST employer. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer may be contingent on acceptable references from current and former employers.

Employer _____ **Address** _____

Supervisor _____ Phone number _____

Job title and duties _____

Dates of employment *from:* _____ *to:* _____ Pay: Start _____ Final _____

Reason for leaving _____

Employer _____ **Address** _____

Supervisor _____ Phone number _____

Job title and duties _____

Dates of employment *from:* _____ *to:* _____ Pay: Start _____ Final _____

Reason for leaving _____

Employer _____ **Address** _____

Supervisor _____ Phone number _____

Job title and duties _____

Dates of employment *from:* _____ *to:* _____ Pay: Start _____ Final _____

Reason for leaving _____

PROFESSIONAL REFERENCES

Give three (3) professional references, preferably former supervisors and/or managers (**not relatives, friends or co-workers**). You must include valid telephone numbers.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

SIGNATURE AND CONSENT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

- ◆ I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.
- ◆ I understand that my employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.
- ◆ I authorize the investigation of any or all statements contained in this application. I also authorize whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.
- ◆ I understand I may be required to successfully pass a drug screening examination. I hereby consent to pre- and/or post employment drug screen as a condition of employment, if required.
- ◆ I UNDERSTAND THAT THIS APPLICATION FOR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.
- ◆ I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain on file up to one year from the date of signature.

Drug-Free Workplace/Tobacco-Free Facility

PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

DRUG TESTING CONSENT AND RELEASE

I hereby consent to submit to urinalysis and/or other tests as shall be determined by The Chattanooga Heart Institute, ("CHI"), in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Occupational Health Services may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by CHI for analysis.

I further agree to and hereby authorize the release of the results of said tests to CHI.

I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed at CHI.

I further agree to hold CHI and its employees, officers, shareholders and agents (including the above named clinic) harmless from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with CHI's consideration of my employment application.

I further agree that a reproduced copy of the pre-employment consent form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

SIGNATURES

Applicant (print name): _____ S.S. #: _____

Applicant signature: _____ Date: _____

Witness printed name: _____

Witness signature: _____ Date: _____