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Fax 727-734-6654

2102 Trinity Oaks Boulevard
Suite 202
New Port Richey, FL. 34665
727-372-1723
Fax 727-376-1723

1840 Mease Drive
Suites 200
Safety Harbor, FL. 34695
727-724-8611
Fax 727-724-0425

1345 West Bay Drive
Suite 101
Largo, FL. 33770
727-581-3550
Fax 727-586-6190

455 Pinellas Street
Suite 330
Clearwater, FL. 33756
727-441-8200
Fax 727-449-2577

APPLICATIONS WILL REMAIN ACTIVE FOR 90 DAYS

(PLEASE WRITE LEGIBLY)

NAME:			TODAY'S DATE	DATE AVAILABLE TO BEGIN WORK
(LAST)	(FIRST)	(MIDDLE)	PHONE NUMBER ()	
(STREET)			SOCIAL SECURITY NUMBER -- --	
(CITY)	(COUNTY)	(STATE)	(ZIP)	Are Education or Employment Records Under any other name(s)?
If you have not lived at the above address more than one year, please state previous address:				
(STREET)			Email address:	
(CITY)	(COUNTY)	(STATE)	(ZIP)	

Who referred you to us?

- Employee
 Newspaper Ad
 Other _____
 Agency
 Website
 Magazine/Name _____

NOTICE TO APPLICANTES

In order to comply with the United States Immigration Reform and Control Act of 1986, all employees must complete ON OR BEFORE THE FIRST DAY OF WORK, an attestation form and produce documentation proving authorization to work and identity.

If unable to produce the documents and sign the attestation form, the employee will be INELIGIBLE to continue working.

Are you between 18 and 70 years of age? YES NO Please indicate VISA type _____

Are you a United States Citizen? YES NO Registration Number _____

If not a United States Citizen, do you have a valid work permit? YES NO

EDUCATION

SCHOOLS	CITY AND STATE OF SCHOOL	DATES		CIRCLE GRADES COMPLETED	GRADUATED YES NO	DEGREE OR GED	AREAS OF SPECIALIZATION
		FROM	TO				
		Mo./Yr.	Mo./Yr.				
HIGH SCHOOL				1 2 3 4			
COLLEGE				1 2 3 4			
OTHER							

PROFESSIONAL LICENSE TYPE LICENSE NUMBER ISSUE DATE ISSUE STATE RENEWAL NO. RENEWAL DATE

_____ Mo. /Yr. _____

_____ Mo. /Yr. _____

Please provide employment information requested below. This information is required even if a resume is included with the application.

NAME AND ADDRESS OF EMPLOYER		PHONE # ()	
IMMEDIATE SUPERVISOR (NAME AND POSITION)		DATE HIRED	SAL. OR HR. RATE
JOB TITLE AND DESCRIPTION OF DUTIES		DATE LEFT	SAL. OR HR. DATE
REASONS FOR LEAVING			
May we contact your present employer regarding this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			

NAME AND ADDRESS OF EMPLOYER		PHONE # ()	
IMMEDIATE SUPERVISOR (NAME AND POSITION)		DATE HIRED	SAL. OR HR. RATE
JOB TITLE AND DESCRIPTION OF DUTIES		DATE LEFT	SAL. OR HR. DATE
REASONS FOR LEAVING			

NAME AND ADDRESS OF EMPLOYER		PHONE # ()	
IMMEDIATE SUPERVISOR (NAME AND POSITION)		DATE HIRED	SAL. OR HR. RATE
JOB TITLE AND DESCRIPTION OF DUTIES		DATE LEFT	SAL. OR HR. DATE
REASONS FOR LEAVING			

Comments regarding lapses between times when employed, if applicable.

Have you ever been discharged or asked to resign from a job? Yes No

EMPLOYER NAME POSITION

Please explain: _____

Have you been convicted of any criminal offense other than traffic violations within the past seven years? Yes No

Have you been released from confinement following a conviction for any criminal offense within the past seven years? Yes No

Are you presently charged with any violation of the law other than traffic violations? Yes No

If your response to any of the preceding three questions was "YES", give the date, place and nature of such conviction or pending charge on back of application. (The existence of a conviction or pending charge will not necessarily preclude you from employment: the nature of the crime and its relationship to the position applied for, the degree of rehabilitation that has occurred and the time elapsed since the crime or release from confinement will all be considered.)

As a responsible employer, The Heart and Vascular Institute of Florida maintains a strict policy on drug and alcohol usage which includes a pre-employment screening.

The Heart and Vascular Institute of Florida is an Equal Opportunity Employers. They comply fully with state and federal laws prohibiting discrimination because of age, race, color, religion, sex, national origin, marital status, sickle cell trait, or physical or mental impairment or medical condition. Thank you for your interest in Largo Medical and its affiliates.

I hereby state the information given by me in this application is true in all respects. I understand that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. **I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ.**

In making application for employments, I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I understand that my employment may be dependent upon passing a physical examination at company expense.

I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of current policies.

I understand that The Heart and Vascular Institute of Florida reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screening. I understand that refusal to submit to urinalyses, blood test or search, when requested to do so, may result in termination of my employment.

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE HEART AND VASCULAR INSTITUTE OF FLORIDA. MY RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR(S) OF THE FACILITY(IES).

DRUG AND ALCOHOL POLICY – APPLICANT STATEMENT

The Heart and Vascular Institute of Florida adopted a drug policy applicable to all of its applicants and its employees. A copy of this policy is available in the Applicant/Employee Manual.

“I agree and consent to taking any blood, breathalyzer, or urinalysis test required by The Heart and Vascular Institute of Florida as part of a post-job offer, pre-employment physical or otherwise. I also authorize the release of my test results to The Heart and Vascular Institute of Florida. If hired, I hereby give my consent to any drug and alcohol testing as may be required by The Heart and Vascular Institute of Florida and authorize the release of any such test results to The Heart and Vascular Institute of Florida.

APPLICANT’S SIGNATURE

DATE