



CCOM MEDICAL GROUP

Cardiology Clinic of Muskogee, Inc.

350 South 40th Street
Muskogee, OK 74401-4915
(918) 683-0753 FAX (918) 687-5251

WEB EMPLOYMENT APPLICATION

PERSONAL DATA:

DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_
First MI Last

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_
Street City State ZIP

Position Desired: \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Would you accept another position? (circle answer) Yes / No

Are you willing to work? (circle answer for each)

Overtime Yes / No Weekends Yes / No Holidays Yes / No
On Call Yes / No Nights Yes / No Travel Yes / No
Rotating Shifts Yes / No

Indicate applicable works skills: (complete all that apply)

Typing \_\_\_\_\_ WPM Shorthand \_\_\_\_\_ WPM 10 Key \_\_\_\_\_ SPM
Transcription Yes / No
Other Job Skills: \_\_\_\_\_

Are you applying for: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Permanent \_\_\_\_\_ Temp

How were you referred to CCOM Medical Group? \_\_\_\_\_

Do you have any relatives currently working for CCOM Medical Group? (circle one) Yes / No

If yes, name: \_\_\_\_\_ Department: \_\_\_\_\_

Are you authorized to work in the US? (circle one) Yes / No

Do you have proof of your authorization with you today? (circle one) Yes / No

Are you older than 18 and less than 70? (circle one) Yes / No If no, please specify age: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? (Conviction will not necessarily bar you from employment, but are reviewed as related to the relevancy of the job for which you have applied.)

(circle one) Yes / No If yes, please explain: \_\_\_\_\_

Military Service? (circle one) Yes / No If yes: From: \_\_\_\_\_ To: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Highest Rank obtained: \_\_\_\_\_

In an emergency, notify (name): \_\_\_\_\_ Phone: \_\_\_\_\_

**PROFESSIONAL LICENSE / CERTIFICATIONS**

Type: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Reg #: \_\_\_\_\_

**EDUCATION**

	Name / City	Course of Study	Circle last Yr Completed	Diploma / Degree	Did you graduate? (circle one)	Dates Attended
High School					Yes / No (circle one)	
College					Yes / No (circle one)	
College					Yes / No (circle one)	
Tech or Bus School					Yes / No (circle one)	

**PREVIOUS EXPERIENCE** (start with most recent employer and include all periods of unemployment)

From	Employer Name / City	Phone	Supervisor Name	Last Salary
To	Job Duties	Job Title	Equipment Used	Reason for Leaving
From	Employer Name / City	Phone	Supervisor Name	Last Salary
To	Job Duties	Job Title	Equipment Used	Reason for Leaving
From	Employer Name / City	Phone	Supervisor Name	Last Salary
To	Job Duties	Job Title	Equipment Used	Reason for Leaving

From	Employer Name / City	Phone	Supervisor Name	Last Salary
To	Job Duties	Job Title	Equipment Used	Reason for Leaving
From	Employer Name / City	Phone	Supervisor Name	Last Salary
To	Job Duties	Job Title	Equipment Used	Reason for Leaving

May we run an employment check from the employers listed above? (circle one) Yes / No

Has notice been given to present employer? (circle one) Yes / No

Is there any additional information relative to change in name necessary to check your work history?

(circle one) Yes / No If yes, other names used: \_\_\_\_\_

**REFERENCES:** Please list references, not relatives, to contact that are acquainted with your work history.

Name	Occupation / Title	Company / City	Telephone

**REMARKS:** Make comments you feel are pertinent to your application.

---



---



---



---

**RELEASE AND AUTHORIZATION:**

I authorize CCOM Medical Group, at the time of my application for employment or during the course of my employment, to obtain information from any source as to my education, experience, competence, character or medical history, as it relates to the position for which I applied or in which I may be employed unless otherwise stated. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that all statements made in this application may be investigated. I also understand that I may be required to successfully complete a medical exam for initial and continued employment, and further understand that in the event I am employed, such employment is at will. Neither the employer nor I have agreed on any specific period of employment nor any specific pay or benefits unless otherwise set forth in a separate employment contract or employment agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_