

Employment Application

Physicians Dialysis is an Equal Opportunity Employer

M/F/V/H

Instructions: Please complete all questions as thoroughly as possible. We request that you complete in detail the application. All information you provide will be kept confidential. Incomplete applications will not be considered. This application will remain active for six months and will be kept on file for a twelve-month period of time.

Personal Data

Legal Name:	Last	First	Middle Initial	Social Security
Present Address:	Street	City	State	Zip Code
Permanent Address:	Street	City	State	Zip Code
Phone Numbers:	Home	Alternate	Position (s) applying for:	
()	()		Pay expected:	
			___ Full-time ___ Part-time ___ Temporary	
			Date available for work:	
Are you either: (1) a U.S. Citizen or, if not, (2) legally authorized to work for PHYSICIAN DIALYSIS on a full-time basis without the need for PHYSICIAN DIALYSIS to sponsor you?	Are you at least 18 years of age?		Willing to Relocate?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of authorization to work will be required if you are employed by Physicians Dialysis.				
Who recommended you to us? (Person or Agency)				
Name:		Phone Number:		

Education

	Name & Location	No. of years completed	Did you graduate?	Degree/Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Colleges or Technical Schools			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate Studies			<input type="checkbox"/> Yes <input type="checkbox"/> No	



Professional Registration Certifications

CHT, CCHT, RN, LPN, MSW, RD? Yes No State _____ Year _____

Professional Registration Licenses

Types	State	Number	Year received and Date of Expiration

Professional/Technical Society Memberships

Special skills (What skills or training do you have that are related to the job for which you are applying?)

Employment

Are you employed now? Yes No
 If so, can we contact your present employer? Yes No
 May we contact your past employers? Yes No

Instructions: Start with your most recent employment.

Name of employer:	Job Title & Duties
Address	Dates of employment: From: To: Annual base salary: Start \$ Final \$
City, State & Zip Code	Additional compensation:
Supervisor:	Reason for leaving:
Telephone:	Last position held:

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City, State & Zip Code	Annual base salary:	Start \$	Final \$
Supervisor:	Additional compensation:		
Telephone:	Reason for leaving:		
	Last position held:		

Foreign languages: _____

If you are applying for a position which requires you to drive an automobile as part of your job, what is your driver's license number and state of issue?

Number: _____ State of Issue: _____

Have you ever been convicted of, pled *nolo contendere* (no contest) to, or been fined in connection with any felony, misdemeanor or any other type of offense (other than parking or speeding tickets), regardless of the nature of the penalty or fine for? Yes No

If yes, provide details _____

(If you are in doubt about the nature of any offense, please list; this question is designed to require disclosure of all past convictions, violations, fines or offenses other than parking or speeding tickets. The failure to list a conviction, offense, violation or fine will be considered falsification and will be grounds for refusal to hire or termination of employment. However, no applicant will be denied a position because of a past conviction, offense, violation or fine, which is not substantially related to the circumstances of the employment being sought.)

Are you currently subject to a pending criminal charge for any misdemeanor or felony? Yes No

If yes, provide details _____

(This question is designed to elicit information on all pending criminal charges, whether felony or misdemeanor. However, no applicant will be denied a position because of a pending criminal charge which is not substantially related to the circumstances of the employment being sought.)

References: Give three names of persons that we can use as professional reference checks.

1. Name: _____ Telephone & Address: _____

2. Name: _____ Telephone & Address: _____

3. Name: _____ Telephone & Address: _____



EMPLOYMENT AGREEMENTS: Are you subject to any employment agreement or post-employment agreement with any other employer (including, but not limited to, employment contracts, non-compete agreements, intellectual property rights agreements and/or confidentiality Agreements)?

Yes _____ No _____

If yes, attach a complete and accurate copy of each agreement.

READ, UNDERSTAND, SIGN AND DATE IF YOU AGREE

I certify that the facts set forth in this application are true, correct and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein.

I hereby release from any and all liability all representatives of Physicians Dialysis for their acts performed in connection with evaluating my application, background, credentials and qualifications. I hereby further authorize any party (including the companies, educational institute, county and organizations listed in this application form) to release any information they may have about me to Physicians Dialysis, including all of my personnel records with prior employers. I also release all persons, companies, educational institutions, county and organizations (and all persons connected with them) who provide such information to Physicians Dialysis from any and all liability for any damage for giving this information. I understand that if any of the information on this application form is discovered to be incorrect, false or misleading or if there are any misrepresentations or omissions of any kind whatsoever, then Physicians Dialysis may deny me employment or terminate my employment, and I agree that Physicians Dialysis shall not be liable in any respect if it does so.

I understand that if I am employed by Physicians Dialysis, any such employment is not binding on either party for any specific period of time. I further understand that no representative of Physicians Dialysis, other than the President, has any authority to enter into any agreement for employment for any specified period of time. Any such agreement must be in writing and signed by the Chief Executive Officer. I understand that any other written or oral statement to the contrary, even if made by a supervisor, manager or officer of Physicians Dialysis is invalid and should not be relied on by me. I understand that if employed I will be an employee-at-will and that either Physicians Dialysis or I may terminate that employment relationship at any time, for any reason, with or without notice.

(Signature of Applicant)

(Date)

AUTHORIZATION FOR BACKGROUND CHECK

I am applying for employment with Physicians Dialysis. I hereby authorize Physicians Dialysis to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services to release information about my background including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history to Physicians Dialysis. I hereby authorize any and all persons (including any and all employers with whom I have been employed, educational institutions that I have attended and organizations with which I have been connected) to release any and all information they have about me to Physicians Dialysis. This includes all of my personnel records with prior employers and any information about my performance during my employment with them and also includes all of my transcripts from any educational institutions that I have attended. As a healthcare provider regulated by specific agencies, fully understand as condition of employment I might be required to do a fingerprint-based background check. I hereby authorize Physicians Dialysis to run I hereby release all persons, companies, educational institutions and organizations (and all persons connected with them) who provide such information to Physicians Dialysis from any and all liability for any damage for giving this information.

This Authorization shall remain in effect for a period of one (1) year from the date on which I sign it. A photocopy of this Authorization may be used by Physicians Dialysis and shall be as effective as the original.

Applicant's Name [please print]

Applicant's Signature

Date