physicians choice dialysis

APPLICATION FOR EMPLOYMENT
PRE-EMPLOYMENT QUESTIONNAIRE – EQUAL OPPORTUNITY EMPLOYER
PLEASE EMAIL COMPLETED APPLICATION AND RESUME TO
CAREERS@PHYCHOICE.COM

PERSONAL INFORMATION DATE: _____

NAME: SS #:
LAST FIRST MIDDLE

PRESENT ADDRESS
STREET CITY STATE
ZIP

PERMANENT ADDRESS:
STREET CITY STATE
ZIP

PHONE NO. ( ) ARE YOU 18 YEARS OLD OR OLDER? ☐ Y ☐ N

Are You Either An U.S. Citizen Or An Alien Authorized To Work In The United States? ☐Y ☐ N

Referred By: ☐Walk-in ☐Want Ad ☐Friend ☐Internet ☐Other _____

EMPLOYMENT DESIRED

Position Date You Start? Salary Desired?

Type Of Employment Desired:

What Hours Are You Available To Work?

Do you have any physical limitations that preclude you from performing any work for which you are being considered? ☐Y ☐N

If yes, what can be done to accommodate your limitation?
_____

Are you employed now? ☐Y ☐N

If so, may we inquire of your present employer? ☐Y ☐N

Have you ever applied to this company before? If yes, when? _____ ☐ Y ☐N

EDUCATION	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED OR DEGREE OBTAINED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE:				

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CERTIFICATONS AND SEMINARS:		
U.S. MILITARY OR NAVEL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST) – USE ADDITIONAL PAPER IF NEEDED

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

PLEASE INDICATE WHICH POSITION YOU HAVE AN ACTIVE LICENSE OR CERTIFICATE:

Registered Nurse ☐
CCHT (Patient Care Technician) ☐
Dietitcian ☐
Social Worker ☐
N/A ☐

IS YOUR LICENSE/CERTIFICATE IN GOOD STANDING? Y☐ N☐
HAVE THERE EVER BEEN INTERUPTIONS OR ISSUES WITH YOUR LICENSE/CERTIFICATE? Y☐ N☐
IF YES, PLEASE EXPLAIN WHY:

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? ☐Y ☐N

DO YOU HAVE A VALID DRIVER LICENSE? ☐Y ☐N

DO YOU HAVE ANY RESTRICTIONS ON YOUR DRIVER LICENSE? ☐Y ☐N

I UNDERSTAND AND AGREE THAT I MAY BE REQUIRED TO TAKE ONE OR MORE PHYSICAL EXAMINATION(S), LIE DETECTOR TEST(S) AND/OR PRE-EMPLOYEMENT DRUG SCREENING(S) AS A CONDITION OF HIRING OR CONTINUED EMPLOYMENT. I AGREE TO CONSENT TO TAKE SUCH TEST(S) AT SUCH TIME AS DESIGNATED BY PHYSICIANS CHOICE DIALYSIS AND TO RELEASE PHYSICIANS CHOICE DIALYSIS, ITS DIRECTORS, OFFICERS, AGENTS OR EMPLOYEES FROM ANY CLAIM ARISING IN CONNECTION WITH THE USE OF SUCH TEST(S). ☐Y ☐N

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDE AD UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIFATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I ALSO AUTHORIZE PCD TO CONDUCT CREDIT CHECKS AS IT PERTAINS TO MY POSITION.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS CONDITIONAL AND FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND/OR SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."
"I FURTHER UNDERSTAND THAT PHYSICIANS CHOICE DIALYSIS IS A PROVIDER APPROVED TO PARTICIPATE IN FERERALLY FUNDED PROGRAMS. AS SUCH, PCD DOES NOT EMPLOY PERSONS WHO HAVE BEEN EXCLUDED FROM PARTICIPATING IN THESE PRORAMS BY THE OFFICE OF INSPECTOR GENERAL. BY SIGNATURE ON THIS APPLICATION, I HEREBY GRANT PHYSICIANS CHOICE DIALYSIS THE PERMISSION TO SEARCH THE OFFICE OF INSPECTOR GENERAL'S LIST OF EXCLUDED INDIVIDUALS. IF MY NAME APPEARS ON THIS LIST AND IS VERIFIED BY PCD TO ACTUALLY BE VALID, MY APPLICATION WILL BE REMOVED FROM EMPLOYEMENT CONSIDERATION."

Signature Date

Employee Data Record
(Voluntary)

It is the policy of Physicians Choice Dialysis to provide Equal Employment Opportunity to all qualified applicants and employees without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

To help us comply with government record keeping, reporting and other legal requirements, we request that you fill out this "Employee Data Record".

This information is used for periodic government reporting and will be kept in a confidential file SEPARATE from the personnel file.

Completion of this is voluntary and in no way affects and decision regarding your employment.

Position(s) Applied For:_____

Referred By: ☐ Walk In ☐ Friend ☐ Relative

☐ Advertisement ☐ Employment Agency ☐ Other

Name:_____

Last First Middle

Phone: (____) _____ - _____

Address: _____

Number Street City State Zip

VOLUNTARY SURVEY

At Times, Government Agencies require periodic reports on the sex, ethnicity, veteran, and other protected status of applicants. This data is for analysis and possible affirmative action only.

Completion of this information is VOLUNTARY

Check one: ☐ Female
☐ Male

Check One Race/Ethnic Group:

☐ White ☐ Black ☐ Hispanic ☐ Am. Indian
☐ Asian

Check All That Apply:

☐ Handicapped ☐ Vietnam Veteran ☐ Disabled Veteran