



APPLICATION FOR EMPLOYMENT

Western Nephrology is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, genetic information, or any other characteristic protected by law or regulation.

GENERAL INFORMATION: Answer each question accurately and completely.

Job Applied for _____ Desired Salary: _____

(do not leave blank)

Are you seeking Full-time Part-time Date Available: _____

Name: _____ Date: _____

Present Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home phone: _____ Cell phone: _____

APPLICANT QUESTIONS:

Note: If hired, you will be required to provide proof of eligibility to work in the U.S.

Are you 18 years of age or older? _____ Yes _____ No

How were you referred to Company? _____

EDUCATION:

High School or GED: _____

Diploma (yes) OR (no)

College or Technical School: _____ City/State: _____

Course of Study: _____ Degree/Certificate: _____

Other Schooling or Training: What certifications, skills, additional training or experience do you have relative to the position for which you are applying?

RECORD OF EMPLOYMENT: List positions starting with most recent (do not write *see resume*):

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____
Duties: _____
Reason for Leaving: _____

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Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____
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Address: _____
Position Title: _____ Supervisor: _____
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WORK-RELATED REFERENCES: (*Do not include relatives or significant others – supervisors preferred*)

	Name	Occupation	Years Known	Contact Information
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with Western Nephrology is at-will, meaning that I or Western Nephrology may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize Western Nephrology to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Organization, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that I may be required to successfully pass a drug and/or alcohol test as a condition of employment.

I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ **Date Signed:** _____