



As an Equal Opportunity Employer, Purity Dialysis Centers does not discriminate against qualified applicants in hiring because of race, color, religion, sex, sexual orientation, national origin, age, marital status, or handicap.

Position applied for 1. _____ 2. _____ 3. _____

Full Time _____ Part Time _____ Shift 1st _____ 2nd _____ Any _____

Are you willing to rotate? Shifts Yes _____ No _____ Weekends Yes _____ No _____

Are there any other pertinent facts regarding scheduling or availability that you would voluntarily like to identify?

PERSONAL DATA

Name _____ Social Security # _____

Address _____ Home Phone Number _____

_____ Alternate Phone Number _____

Have your employment or educational records ever been listed under another name? Yes _____ No _____

If yes, please list name (s) _____

Are you under 18 years of age? Yes _____ No _____ Are you legally authorized to work in the U.S.? Yes _____ No _____

Have you ever been convicted of any law violation? Yes _____ No _____

If yes, When _____ Where? _____ Nature of offense _____

The existence of a criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

Please indicate referral source to Purity Dialysis Centers for employment:

Employee _____ Newspaper _____ Friend _____ Other _____ - please specify _____

MILITARY SERVICE

Military Service Yes _____ No _____ Dates of Service _____ Branch of Service _____

Type of Discharge _____

List duties in the service including special training: _____

EDUCATION

Highest grade completed:

Grade School
1 2 3 4 5 6 7 8

High School
9 10 11 12

College
1 2 3 4 5 6

Name/Location of Schools Attended	Last Year Completed	Did You Graduate?	Course/Major, Dates Attended, Degree Received
High School City/State	9 10 11 12	Yes _____ No _____	
College City/State	1 2 3 4	Yes _____ No _____	
College City/State	1 2 3 4	Yes _____ No _____	
Technical/Specialty City/State	1 2 3 4	Yes _____ No _____	

Professional Registration: (proof of registration will be requested)

Wisconsin Professional Registration # _____ National Registration # _____

If not Interim # _____ Expiration Date _____ Eligible for Registry _____

References _____

EMPLOYMENT

1	Present Employer	Name: _____		
Address _____				
Phone # _____		Immediate Supervisor _____		Salary _____
Dates Employed _____ to _____			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title: Duties Performed:			Reason for Leaving:	

2	Previous Employer	Name: _____		
Address _____				
Phone # _____		Immediate Supervisor _____		Salary _____
Dates Employed _____ to _____			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title: Duties Performed:			Reason for Leaving:	

3	Previous Employer	Name:	
Address			
Phone #		Immediate Supervisor	Salary
Dates Employed to		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title: Duties Performed:		Reason for Leaving:	

4	Previous Employer	Name:	
Address			
Phone #		Immediate Supervisor	Salary
Dates Employed to		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title: Duties Performed:		Reason for Leaving:	

MEDICAL RESTRICTIONS AND WORK LIMITATIONS

The successful completion of a medical examination is required of all applicants who are offered positions at the dialysis center as a condition of employment. Have you any restrictions which would affect your ability to perform all or any part of the work involved in the position for which you have applied? _____ Yes _____ No

If yes, describe the restrictions and possible suggestions for reasonable accommodation.

I certify that the information given herein is complete and accurate to the best of my knowledge. I understand that any false or misleading information in my application or the withholding of information deemed pertinent by Purity Dialysis Centers will be considered sufficient cause for rejection of this application or discharge if already employed.

I agree to submit to a pre-employment physical assessment without charge and to periodic physical assessments during the course of my employment.

I understand that if I am employed it will be on a probationary basis for 90 days unless otherwise stated.

Date _____ Signature _____

REFERENCE REQUEST

Company Name: _____

Attention of: _____

Address: _____ Zip _____

I, _____, Social Security # _____, am applying for a position with Purity Dialysis Centers. Please verify that I was employed by you from _____ 19__ to _____ 19__ as a _____. Please complete the requested information which I understand will be kept confidential.

Date: _____ Signed: _____

APPLICANT IS NOT TO WRITE BELOW THIS LINE. PROFESSIONAL PRACTICE GROUP WILL MAIL ADDRESS ABOVE

ABOVE AVERAGE	SATISFACTORY	UNSATISFACTORY	
			Personal Qualities
			Relationship with Co-workers
			Ability to Organize
			Skill in His/Her Field
			Leadership
			Teaching Ability
			Fulfillment of Job Responsibility

OVERALL EVALUATION (Please Circle)

Excellent Above Average Average Needs Improvement Unsatisfactory

Problem areas, if any: _____

Reason for termination: _____

Would you rehire? Yes _____ No _____

Would you prefer that we contact you by telephone? _____ Phone number: _____

Dated: _____ Signed: _____

Title: _____