



# HEMODIALYSIS, INC.

710 West Wilson Avenue  
Glendale, CA • 91203-2409

Voice: (818) 500-8736  
Facsimile: (818) 500-9452

## Employment Application

Please use the section on Page four (4) to enter supplementary information.

### Personal Information

Last name		First name		Middle Initial	Social Security No. ____ - ____ - ____ (0 0 0 - 0 0 - 0 0 0 0)	Date
Present address				City	State	Zip Code Telephone
Alternate Address at which you may be reached				City	State	Zip Code Telephone
Are you less than 18 year of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used other name(s) in applying for employment or credit cards? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe on page 4		Are friends or relatives employed at this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			
Have you ever applied at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give date, position applied for, and result. Use page 4 if more space is needed.					
Have you ever been employed with this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give dates of employment From: _____ To: _____			Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any reasons that may cause absenteeism, lateness or daily early departure from the job during your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, please explain. Use page 4 if more space is needed.		
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other, describe on page 4	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you on a lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any restrictions or obligations that would prevent you from working Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Consistently? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			
Have you ever been convicted of a crime?*	If Yes, briefly describe the nature of the crime(s), dates and places of conviction and the legal disposition (convictions are not an automatic disqualification from employment)*. Use page four (4) for additional information. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Estimate miles from your residence to this office: _____ miles			Estimate time to travel from your residence to this office: _____ minutes			

### Type of Employment Desired

Position desired or area of interest:		Date available	Hourly rate expected; base on previous employment history \$ _____		
Type of employment are you seeking <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Per Diem <input type="checkbox"/> Consulting		Shifts you can work <input type="checkbox"/> Day (8 AM - 5 PM) <input type="checkbox"/> Afternoon (4 PM - 12 m) <input type="checkbox"/> Evening (12 m - 8AM)		Transportation used to get to work <input type="checkbox"/> Your car? <input type="checkbox"/> Public transportation? <input type="checkbox"/> Other, describe on page 4	
How were you referred to our company? <input type="checkbox"/> Advertisement <input type="checkbox"/> Other company <input type="checkbox"/> Employment service <input type="checkbox"/> Employee <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> School		Name of Referral Source	Days you can work <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday Describe on page 4 any unchecked days		

AN EQUAL OPPORTUNITY EMPLOYER

## Education and Military Service

School Or Institution	Name and address of school	Major	Units completed and grade average	Degrees and/or diplomas
High school				Date
College				Date
College				Date
Vocational Training				Date
Other				Date
Honors or awards received:	Professional certificates or licenses held:	Special Abilities or skills in which you excel (computer proficiency, etc)		
Language skills. Do you speak? Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____ Level of language Competency <input type="checkbox"/> Less than 10 words <input type="checkbox"/> Conversational <input type="checkbox"/> Read/write <input type="checkbox"/> Can interpret for others		Are you taking any educational courses at present? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what and where?		
Extra-curricular activities		Present community and professional affiliations - office held		
(exclude affiliations which indicate race, religion, color or national origin)				
Dates of US military service	Branch	Highest rank held	Reserve status	
From:                      To:				
US Military Duties		Special Training		

## Personal References

List people we may contact who are qualified to evaluate your capabilities. If possible, do not include relatives. If a relative is named, please give their relationship to you.

Name Address City State Zip	Telephone	Occupation	Years known
<b>Name of person to notify in an emergency</b>	<b>Address</b>	<b>City</b>	<b>State</b> <b>Zip</b>

## Past Employment

Please record type and dates of employment. **Please do not leave blanks in dates of employment or unemployment.** List current or most recent employer in the rows beginning with the number 1. Show unemployed or self-employed periods and indicate date and comment on each period. You may use extra sheets for additional information.

<b>1</b>	Company name (current or last)	Address	Telephone	Dates employed (month/year) From: _____ To: _____
	Job title	Supervisor's name and title	Type of business	Hourly Rate of pay: <input type="checkbox"/> 8 Hr. rate <input type="checkbox"/> 12 Hr. rate Start rate: \$                      End rate: \$
	Description of duties:			Reason for leaving: Still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Full-time employment? <input type="checkbox"/>	Part-time? <input type="checkbox"/>		
<b>2</b>	Company name (before 1)	Address	Telephone	Dates employed (month/year) From: _____ To: _____
	Job title	Supervisor's name and title	Type of business	Hourly Rate of pay: <input type="checkbox"/> 8 Hr. rate <input type="checkbox"/> 12 Hr. rate Start rate: \$                      End rate: \$
	Description of duties:			Reason for leaving: Still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Full-time employment? <input type="checkbox"/>	Part-time? <input type="checkbox"/>		
<b>3</b>	Company name (before 2)	Address	Telephone	Dates employed (month/year) From: _____ To: _____
	Job title	Supervisor's name and title	Type of business	Hourly Rate of pay: <input type="checkbox"/> 8 Hr. rate <input type="checkbox"/> 12 Hr. rate Start rate: \$                      End rate: \$
	Description of duties:			Reason for leaving: Still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Full-time employment? <input type="checkbox"/>	Part-time? <input type="checkbox"/>		
<b>4</b>	Company name (before 3)	Address	Telephone	Dates employed (month/year) From: _____ To: _____
	Job title	Supervisor's name and title	Type of business	Hourly Rate of pay: <input type="checkbox"/> 8 Hr. rate <input type="checkbox"/> 12 Hr. rate Start rate: \$                      End rate: \$
	Description of duties:			Reason for leaving: Still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Full-time employment? <input type="checkbox"/>	Part-time? <input type="checkbox"/>		
<b>5</b>	Company name (before 4)	Address	Telephone	Dates employed (month/year) From: _____ To: _____
	Job title	Supervisor's name and title	Type of business	Hourly Rate of pay: <input type="checkbox"/> 8 Hr. rate <input type="checkbox"/> 12 Hr. rate Start rate: \$                      End rate: \$
	Description of duties:			Reason for leaving: Still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Full-time employment? <input type="checkbox"/>	Part-time? <input type="checkbox"/>		

## Other Employee Information

Use this section to provide any additional information about your qualifications that was not able to be entered on the rest of this Employment Application. Thank you.

**Please read the following statements carefully before signing this application, only those applications that are signed and dated are considered valid.**

1. I certify, under penalty of perjury, that all information I have supplied in this application and any other form, oral or written, is true and accurate, and I agree that any misstated, misleading, incomplete, or false information may result in rejection of this application form, refusal to hire, withdrawal of an offer or employment, or immediate discharge without recourse, whenever and however discovered. I make this promise because I understand that the employer will rely on my statements in making a decision whether to hire me.
2. I understand and agree that any agent acting on behalf of the employer as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which any corporation, agent, or person may have without further notice to me. I specifically authorize said disclosure and agree to hold all such corporations, agents, or persons harmless for same. That is, I will not file a lawsuit, claim, or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.
3. I understand and agree that I may be required to undergo a pre-employment medical examination, including, but not limited to, drug and/or alcohol testing designed to ascertain my suitability for employment and/or the job(s) for which I am being considered. I also understand and agree that I can be subject to such testing during the course of my employment as permitted or required by law, and I specifically agree not to oppose in any fashion such pre-hire examinations and testing or post-hire testing, or the full disclosure of any test and examination results to the employer. I understand that, subject to applicable law the employer shall be the sole judge of the acceptability of any test results.
4. Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, proprietary, or generally undisclosed nature relating to my employer, or its products, services, customers, employees, plans or procedures. I agree to deliver to my employer any and all copies of confidential information, or other company property, upon termination of the employment relationship or at any time upon my employer's request.
5. I understand and agree that, if hired, my employment will be at will, has no specified term, and that I or the employer can terminate this employment relationship and my compensation at any time, with or without notice, for any reason, good or bad, without recourse by either of us. I also understand this aspect of my employment includes the employer's right to discipline with or without cause and that no one has authority to alter any of the terms and conditions of this application or the employer's employment policies, and then only in writing signed by the Chief Executive Officer. This paragraph means exactly what it says: \_\_\_\_\_(applicant's initials)
6. I acknowledge that I have read, understand and accept all of the above statements as conditions of employment. In addition, the statements above supercede and replace any prior understandings, expectations and discussions. I have had with the employer and set forth the complete agreement between me and the employer regarding all such matters.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_