APPLICATION FORM INSTRUCTIONS

1. Fill up the form as completely as possible.
2. Use the buttons at the end of the form to either:
    a. Erase the form and start over.
    b. Print the form, sign, then mail it to our main office.
    c. Print the form, sign, then bring it to our main office.
    d. Click the submit button. You will sign it on the day of your first interview
3. Thank you for your interest in Acute Dialysis Care. I look forward to meeting you.

ACUTE DIALYSIS CARE

EMPLOYMENT APPLICATION

6700 N 23rd Street, Suite B
McAllen, Texas 78504
Phone: (956) 994-9377 Fax: (956) 513-0734

Date _____

An Equal Opportunity Employer **M/F/D/V**

*IMPORTANT-VARIOUS FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION ON THE BASIS OF AGE, SEX, RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, MARITAL STATUS, OR ANCESTRY. IN COMPLETING THE APPLICATION FORM, PLEASE EXCLUDE ANY INFORMATION THE CHARACTER OF WHICH INDICATES THE AGE, RACE, COLOR RELIGIOUS CREED, NATIONAL ORIGIN, OR ANCESTRY OF THE APPLICANT. PERSONS EMPLOYED MAY BE REQUIRED TO PROVIDE VERIFICATION OF INFORMATION REPORTED ON THIS FORM.

POSITION APPLYING FOR: _____ SOCIAL SECURITY# _____ _____

NAME

LAST FIRST MIDDLE

PRESENT ADDRESS

STREET CITY STATE ZIP

PREVIOUS ADDRESS
(If at present address less than 12 months)

STREET CITY STATE ZIP

PHONE NUMBER: _____ ARE YOU 18 YEARS OR OLDER? Yes [ ] No [ ]

1. **HAVE YOU** been convicted, or been on probation, or received deferred adjudication for any offense? Yes [ ] No [ ]
2. **HAVE YOU** been released from confinement following a conviction for any criminal offense? Yes [ ] No [ ]
3. **ARE YOU** presently **CHARGED** with **ANY VIOLATION** of the Law (even if not yet convicted)? Yes [ ] No [ ]
   IF you answered **YES** to **ANY** of the preceding three questions, please explain on separate page, and attach to this application.
4. **ARE YOU** currently excluded, suspended, debarred or otherwise ineligible to participate in the Federal health care programs, or have you been convicted of a criminal offense related to the provisions of health care items or services but not yet been excluded, debarred or otherwise declared ineligible or currently excluded on a state exclusion list? Yes [ ] No [ ]

DATE YOU CAN START: **SALARY DESIRED:**

Are you interested in: Full time [ ] Part time [ ] PRN [ ]

Are you either a U.S. citizen or an alien legally authorized to work in the United States? Yes [ ] No [ ]

Can you, after employment, submit verification of your legal right to work in the United States? Yes [ ] No [ ]

May we contact your present/most recent employer and/or any/all of your prior employers? Yes [ ] No [ ]

Have you ever been discharged from a job, or forced or asked to resign? Yes [ ] No [ ]

Have you ever quit a job without giving a two week notice? Yes [ ] No [ ]

Have you ever quit a job to avoid discipline or referral to a facility peer review committee? Yes [ ] No [ ]

Do you have reliable and adequate transportation to get to work on time each day, when called in on short notice, when on-call, and for required travel to and between facilities? Yes [ ] No [ ]

If hired, do you plan to work for another company or operate a business at the same time that you are working for ADC? If yes, please explain: _____ Yes [ ] No [ ]

Are there any days that you cannot work? If yes, please explain. _____ Yes [ ] No [ ]

Have you every been disciplined for your behavior at work? Yes [ ] No [ ]

In the past, have you been disciplined for violating company policies forbidding the use of alcohol or tobacco? Yes [ ] No [ ]

Do you use illegal drugs? Yes [ ] No [ ]

Are you able to lift up to 70 pounds with or without modifications? Yes [ ] No [ ]

How many days of work did you miss last year for any and all reasons? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	*YEARS ATTENDED	*DID YOU GRADUATE? DEGREE OBTAINED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE,BUSSINESS ORCORRESPONDANCE SCHOOL				

Are you able to perform the essential functions of the position for which you are applying with or without accommodation? Yes [ ] No [ ]

LIST ANY PROFFESIONAL LICENSURES, REGISTRATION OR CERTIFICATION YOU POSSESS.

Has your professional license(s) ever been suspended, stipulated or revoked? Yes [ ] No [ ] If yes, please explain on separate sheet.

In case of an emergency, who should we notify (please give name, address, and phone number): _____

Type Number	Organization or State Issued	Date Issued	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY Please provide a minimum of the most recent **10 years** employment history including salary information and period of employment in consecutive order with present or last employer listed first. Attach additional pages if needed. This section **MUST** be completed accurately and include ALL employers in the past 10 years. Account for all periods of time including military service and ANY PERIOD OF UNEMPLOYMENT. If self employed, give name of firm and business references. PLEASE GIVE BOTH MONTH AND YEAR.

CURRENT OR MOST RECENT EMPLOYER

Name of Company: _____ Phone: _____

Address: _____ From: ____/____ To: ____/____

Type of Business: _____

Position & Duties: _____ **Name while employed** _____

Supervisor: _____

Hourly Starting Salary: _____ Hourly Ending Salary: _____

Reason for Leaving: _____

Explain Any Gap in Employment: _____

2nd Previous Employer

Name of Company: _____ Phone: _____

Address: _____ From: ____/____ To: ____/____

Type of Business: _____

Position & Duties: _____ **Name while employed** _____

Supervisor: _____

Hourly Starting Salary: _____ Hourly Ending Salary: _____

Reason for Leaving: _____

Explain Any Gap in Employment: _____

3rd Previous Employer

Name of Company: _____ Phone: _____

Address: _____ From: ____/____ To: ____/____

Type of Business: _____

Position & Duties: _____ **Name while employed** _____

Supervisor: _____

Hourly Starting Salary: _____ Hourly Ending Salary: _____

Reason for Leaving: _____

Explain Any Gap in Employment: _____

4th Previous Employer

Name of Company: _____ Phone: _____

Address: _____ From: ____/____ To: ____/____

Type of Business: _____

Position & Duties: _____ **Name while employed** _____

Supervisor: _____

Hourly Starting Salary: _____ Hourly Ending Salary: _____

Reason for Leaving: _____

Explain Any Gap in Employment: _____

5th Previous Employer

Name of Company: _____ Phone: _____

Address: _____ From: ____/____ To: ____/____

Type of Business: _____

Position & Duties: _____ **Name while employed** _____

Supervisor: _____

Hourly Starting Salary: _____ Hourly Ending Salary: _____

Reason for Leaving: _____

Explain Any Gap in Employment: _____

REFERENCES: Give 3 references that are not relatives or former employers. Please give name, address, phone number and occupation of each.

1. _____

2. _____

3. _____

Use this space to give us other information about your personal qualities, work style, interpersonal skills, or communication skills which would assist us in placing you: _____

_____

I certify that all the information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for all of my work experience, gaps in employment, and training on this application. I understand that, if employed, false or misleading information may result in immediate termination of my employment.

If employed, I agree to abide by ADC rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or be the cause for immediate dismissal. I authorize any inquiry to be made on any information contained in this application if I am considered for employment.

I understand that, if employed, I will be required to work odd hours, long shifts, weekends, and holidays. There are no 1st, 2nd, and 3rd shifts. Failure to comply may result in my immediate termination.

I also understand that, if employed, my employment may be subject to a successful completion of an employment physical to include a drug screen. I further understand that failure of the drug screen may make me ineligible for employment with ADC.

I understand that, if employed, my employment will require certain physical capabilities relating to ability to lift and transport patients and/or objects or to assist other employees in physical tasks. I certify that I am fully able to lift at least 50 pounds. with or without accommodation. **I further understand that my continued employment may be conditional upon maintaining a favorable heath evaluation.** If requested, I agree to submit, at any time, to a drug screen in accordance with company policy and/or a physical examination, performed by a qualified medical doctor designed and paid for by the company and for which I also agree that all information concerning said physical examination can be supplied to the company, or its authorized agent, upon their request.

I understand that this is an application for employment and that no employment contract is being offered. I further understand that all employees are employed for an indefinite period and the employer may terminate the employment relationship with or without cause. Cause is defined as a reason for disciplinary action that is not arbitrary, capricious, or illegal, that is based on facts that the employer reasonably believes to be true. Some examples of cause included, but are not limited to (1) Dissatisfaction with an employee for such reasons as lack of capacity or diligence, failure to conform to usual standards of conduct, or other culpable or inappropriate behavior, or (2) Economic needs subject to the reasonable judgment of the employer.

I understand that, if employed, I will be required to work at multiple facilities that this company contracts with, and that none of these facilities shall be considered my primary worksite, regardless of how much I work at any location. I further understand that, as a condition of employment, I will be expected to travel to and/or between multiple facilities on very short notice during the work day to provide dialysis services to the patients of one or more of the facilities with which this company contracts. I realize that if I refuse to travel to one of these assignments when requested by my supervisor or his/her designee, I may be terminated immediately.

I realize that dialysis patients oftentimes have an emergent need for dialysis, and, if employed, I will be expected to take call and also come in to work on my "off days" on short notice when requested by my supervisor or his/her designee. I realize that failure to take call on short notice when requested by my supervisor or his/her designee, failure to come in to work on my "off days" on short notice when requested by my supervisor, failure to answer my phone when on-call, failure to answer my phone when a supervisor attempts to call me for a "short notice" assignment on one or more of my "off days", or failure to arrive for an on-call assignment within 45 minutes from when I was first notified is grounds for immediate dismissal.

In making application for employment, I understand that a background check will be done in keeping with both federal and state law.

I authorize ADC to conduct a reference check which includes all current and former employers, law enforcement agencies, and licensing agencies so that a hiring decision may be made. I understand that employment is conditioned upon positive responses from my references. Current and former employers named on this application are authorized to give information about me and I release them from all liability for giving such information.

I understand that, if employed, my status is that of an employee at will. I am free to terminate my employment at any time, and I have no contractual right, expressed or implied, to remain in the employ of ADC.

I realize that **smoking is not permitted** at any time while on duty with ADC. If employed, I realize that smoking while on duty is grounds for immediate dismissal.

Finally, I understand that all ADC property must be returned and any indebtedness to ADC must be paid before my termination. I authorize ADC to deduct from my final paycheck(s) all money due and owing to ADC.

SIGNATURE: _____

DATE: _____

Clear Form **Print Form** **Submit**