



PENINSULA KIDNEY ASSOCIATES EMPLOYMENT APPLICATION

(Please print or type all answers)

Date: _____

Name _____ Social Security # _____

Street _____ City _____

State _____ Zip Code _____ Telephone _____ Cell _____

How long at present address: _____ Date you are available to start work _____

Position applied for _____ Full-Time Part-Time

Salary expected \$ _____ Are you available to work overtime, if needed? Yes No

Immigration Status? _____ (Proof of citizenship or immigration status will be required upon employment.)

Have you been convicted of a felony within the last seven (7) years? Yes No

(Conviction will not necessarily disqualify an applicant from employment.)

EDUCATION:																					
Name of School	School Address	Grammer		High		College		Graduate													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
High School																					
Undergrad. College(s)																					
Graduate College(s)																					
Technical Business, Vocational Trade, Etc.																					

SPECIALIZED SKILLS: (Check all that apply)

PC
 Calculator
 Typewriter
 Word Processing
 Transcription

Other Specialized Skills: _____

OTHER QUALIFICATIONS:
 (Summarize special job-related skills & qualifications acquired from employment or other experience.)

If your occupation requires Virginia State Licensure, complete the following:

Virginia License No. _____ Expiration Date _____

Any sanctions/restrictions against license? Yes No

EXPERIENCE: (List last position first)

1. Company Name: _____ Phone #: _____

Address: _____
(Street) (City) (State) (Zip Code)

Position Held: _____ Salary: \$ _____

Duties: (Explain fully) _____

Reason for Leaving: _____

Employed from: _____ to: _____ Are you employed now? Yes No

May we contact your present employer concerning your employment with them? Yes No

Immediate supervisor (Name & Title): _____

2. Company Name: _____ Phone #: _____

Address: _____
(Street) (City) (State) (Zip Code)

Position Held: _____ Salary: \$ _____

Duties: (Explain fully) _____

Reason for Leaving: _____ Employed from: _____ to: _____

Immediate supervisor (Name & Title): _____

3. Company Name: _____ Phone #: _____

Address: _____
(Street) (City) (State) (Zip Code)

Position Held: _____ Salary: \$ _____

Duties: (Explain fully) _____

Reason for Leaving: _____ Employed from: _____ to: _____

Employed from: _____ to: _____

Immediate supervisor (Name & Title): _____

May we request references from all the above? Yes No If no, please explain: _____

Have you ever been terminated by an employer? Yes No Please explain: _____

PROFESSIONAL REFERENCES:

Please list two professional references.

Name: _____ Occupation: _____

Address: _____ Phone #: _____

Name: _____ Occupation: _____

Address: _____ Phone #: _____

PERSON TO BE CONTACTED IN AN EMERGENCY

Name: _____ Relationship: _____

Address: _____

Home phone #: _____ Cell phone #: _____

Referred by: _____ Are you personally acquainted with or related to any present or former employee of Peninsula Kidney Associates? Yes No

Name of such employee: _____

Please list any additional information you would like us to have to help judge your qualifications:

I understand that the information on this employment application has been requested for purposes of evaluating my qualifications in regard to the requirements of the specified position. I understand that any false statement made as part of this application or any other related form may be considered sufficient cause for withdrawal of job offer or dismissal from employment. I also grant permission to Peninsula Kidney Associates (PKA) to investigate any and all information and release Peninsula Kidney Associates and respondents to such investigation from any liability for any damage due to releasing information pertaining hereto.

I also give my consent to any medical and physical examination required by Peninsula Kidney Associates after employment has been offered.

(Applicant)

(Date)