

MIDWEST KIDNEY NETWORK APPLICATION FOR EMPLOYMENT

(PLEASE TYPE OR PRINT)

PERSONAL INFORMATION				
TODAY'S DATE		POSITION APPLYING FOR		
LAST NAME		FIRST	MI	SSN
STREET ADDRESS		CITY		STATE
TELEPHONE NUMBER		CELL PHONE NUMBER		
DATE OF BIRTH		<i>The Age Discrimination in Employment Act prohibits discrimination based on age with respect to individuals who are at least 40 but less than 70 years of age.</i>		
WHEN CAN YOU BEGIN WORK?		ACCEPTABLE SALARY RANGE		
TYPE OF EMPLOYMENT DESIRED	FULL TIME	PART TIME	TEMPORARY	
IF PART TIME, PLEASE SPECIFY DAYS AND HOURS AVAILABLE				
IF REQUIRED, ARE YOU AVAILABLE TO WORK EVENINGS?			WEEKENDS?	
IF REQUIRED, ARE YOU WILLING TO TRAVEL? ____ YES ____ NO				
DO YOU HAVE ANY PHYSICAL CONDITIONS THAT MAY PREVENT YOU FROM PERFORMING CERTAIN KINDS OF WORK? ____ IF YES, DESCRIBE SUCH CONDITIONS AND SPECIFIC WORK LIMITATIONS:				
<i>An applicant will not be denied employment due to physical or mental handicap where reasonable accommodation can be made for such handicap.</i>				
LIST ANY PROFESSIONAL OR TRADE ORGANIZATIONS YOU BELONG TO				
LIST ANY SPECIFIC OFFICE OR TECHNICAL SKILLS				
DID YOU SERVE IN THE U.S. ARMED FORCES? IF YES, WHAT BRANCH?		DATES OF SERVICES		
		Month ____ Year ____ TO Month ____ Year ____		

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**PLEASE READ CAREFULLY
APPLICATION CERTIFICATION AGREEMENT**

I certify that the statements made on this application are true and correct to the best of my knowledge and hereby grant Midwest Kidney Network permission to verify such answers. I understand that any false statement on this application may be considered as sufficient cause for rejection of this application, or for dismissal if such false statement is discovered after my employment. I further understand that Midwest Kidney Network will perform a pre-employment investigation to determine my suitability for employment. I authorize such an investigation of my past employment, activities, and statements in this application and I release from all liability and responsibility all persons, companies, and corporations supplying such information. I agree to comply with all the policies and procedures of Midwest Kidney Network. Employment is subject to a one-year probationary period.

SIGNATURE _____ DATE _____

The Midwest Kidney Network is an equal opportunity employer. Federal law prohibits discrimination in employment practices because of race, color, religion, sex, age, national origin, or handicapped status. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, age, national origin, or handicapped status.

Business References — Please list the name, organization, and phone number of at least three references.

May we contact your present employer? _____ May we contact your former employers? _____

<u>Name</u>	<u>Organization</u>	<u>Telephone Number</u>
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____