



88 Osborne Street  
Johnstown, PA 15905

Phone: (814) 539-0798  
Fax: (814) 536-4751

## APPLICATION FOR EMPLOYMENT

### PERSONAL

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NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Any Previous Name Under Which You Were Employed \_\_\_\_\_

Present Address: (Number) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Alternate Telephone Number \_\_\_\_\_

Do You Have The Legal Right To Remain & Work In The United States Yes No \_\_\_\_\_

Type Of Visa, If Any \_\_\_\_\_ Number \_\_\_\_\_

Are You 18 Years Of Age Or Older? Yes No \_\_\_\_\_

**Position Applying For:** \_\_\_\_\_

Minimum Salary Acceptable: \$ \_\_\_\_\_ Per \_\_\_\_\_ Date Available For Employment \_\_\_\_\_

Have You Ever Pleaded Guilty To, Or Been Convicted Of Any Crime Other Than A Minor Traffic \_\_\_\_\_

Offense? Yes No If Yes, Describe In Full \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Name And Location Of School	Degree/ Diploma	Course of Study
High School		
College or University		
Technical or Masters		
Doctoral Level Education		

List Specific Skills, Special Training, Foreign Language Capability And Computer Software Experience Or Other Relevant Qualifications

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Professional Licenses And/Or Certifications You Now Hold:

Type	State Issued	Expiration Date	Number

Driver's License Information

State Issued	License #	Exp. Date:
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**EMPLOYMENT HISTORY**

List Previous Employers – Most Recent First

<b>Employer's Name:</b>	Address:		Phone:	
Position Held:	Dates Employed	From	To	Final Salary
Nature Of Duties (Including Supervisory)			Supervisor's Name & Title:	
Reason For Leaving:				

List Previous Employers – Most Recent First

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Position Held:	Dates Employed	From	To	Final Salary
Nature Of Duties (Including Supervisory)			Supervisor's Name & Title:	
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Nature Of Duties (Including Supervisory)			Supervisor's Name & Title:	
Reason For Leaving:				

**REFERENCES** Personal References: (Not Former Employer Or Relatives)

1. Name and Occupation	Address	Phone
2. Name and Occupation	Address	Phone

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Person To Be Notified In Case Of Accident Or Emergency

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Address

Phone Number

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**CERTIFICATION**

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I have read and fully understand all questions in this application. I certify that all answers are true, accurate and complete to the best of my knowledge and belief. I understand that the completion of this application, does not ensure me a position nor does it obligate Prodigy Dialysis or me in any way. I fully understand that the omission and/or misrepresentation of any of the facts requested may be cause for rejection of this application or immediate termination of my employment at any time.

I, further, understand that if an offer of employment is extended to me, I will be required to successfully complete a post-offer/pre-acceptance physical examination, which includes an alcohol/drug screening, before any offer of employment becomes effective. Should I become employed, I agree to abide by all Prodigy Dialysis rules and regulations. I acknowledge that any resulting employment relationship will be “*at will*” and can be terminated by either party at any time for any lawful reason. I have read, understand and agree to the above.

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Applicant's Signature

Date

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**RECORDS RELEASE**

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I, hereby authorize Prodigy Dialysis to contact any schools, former employers and/or any persons who may aide in verifying the information I have set forth on this application and/or in determining my suitability for employment as deemed necessary by Prodigy Dialysis. I further authorize any necessary criminal background checks as required by law. Additionally, I release those individuals and/or organizations from all liability for issuing requested information.

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Applicant's Signature

Date