

Health Systems Management, Inc.

APPLICATION FOR EMPLOYMENT



Emory Dialysis @ Candler

Emory Dialysis @ Greenbriar

Emory Dialysis @ Northside

INSTRUCTIONS:

DATE:

Answer all questions completely; otherwise we cannot process this application. Attach a current resume if available.

Name (as appears on your Social Security Card):

First

MI

Address

Street

City

Zip

Home Phone : () -

Cell Phone: () -

Emergency Contact Name:

Phone : () -

Position Desired:

Clinic Name

Position Title

Salary Desired

If no position is available at the clinic you applied, are you interested in a position at another clinic? Yes No

If yes, what other clinics are you interested in?

Most Recent or Current Position:

Current

Salary: \$

Company Name:

Phone #:

Address:

City:

State:

Zip:

Supervisor:

Dates of Employment

to

May we contact your current employer? Yes No

Reason for Leaving:

Next Most Recent Position:

Salary: \$

Company Name:

Phone #:

Address:

City:

State:

Zip:

Supervisor:

Dates of Employment

to

May we contact your previous employer? Yes No

Reason for Leaving:

**Next Most
Recent
Position:**

Salary: \$ _____

Company Name: _____

Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Dates of Employment _____ to _____

May we contact your previous employer? Yes No

Reason for Leaving: _____

**Highest Level of Education
Completed:**

High School/GED

Bachelor's Degree

Associate's Degree

Master's Degree

Other: _____

List Applicable Skills and/or Licensure:

List any languages (other than English) in which you are fluent (OPTIONAL):

How were you referred to our organization?

Internet Employment Security Commission Employee/Friend: _____

Ad Job Fair Location: _____ Other: _____

You are interested in (check all that apply):

Full-time employment

Date available: _____

Part-time employment

Days available: M T W T F Sat Sun

Temporary employment

Hours available: _____ to _____

Have you ever been employed by another Dialysis Facility?

Yes No

If yes, give employment dates and facility name: _____

Have you previously applied?

Yes No

If yes, when did you apply?

Have you ever been excluded, suspended, or sanctioned from the Medicare or Medicaid programs or any other federally funded health care program?

Yes No

If hired, can you show proof of your eligibility to work in the United States?

Yes No

Have you ever been convicted of a felony (other than a minor traffic violation)?

Yes No

If yes, list the date and crime for which you were convicted.

Note: A conviction will not necessarily disqualify you from employment

COURIER POSITIONS ONLY:

Driver's License: State_____

Type_____

Currently Valid?

Yes No

Why do you want to work for our organization?

NOTIFICATION AND RELEASE

I understand that if I am employed by Health Systems Management, my employment will be conditional subject to verification of my statements, receipt of satisfactory references, verification of licensure/certification (if applicable), and successful completion of an evaluation period. Employment may also be contingent upon the successful completion of drug screening test and background check; however, successful completion is no guarantee of employment. I further understand that any false statement on this application may result in rejection of my application or dismissal.

I understand that I will be an employee-at-will without a fixed term of employment, and that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, by either Health Systems Management or myself, unless there is a written contract stating otherwise, signed by an Officer of the institution.

Signature: _____ **Date:** _____

EQUAL OPPORTUNITY POLICY STATEMENT

Health Systems Management administers all educational and employment activities without regard to race, color, religion, national origin, age, disability, or sex, except where exempt and is an Equal Opportunity/Affirmative Action Employer.

Dear Applicant:

This Company is an Equal Opportunity/Affirmative Action employer and subject to certain reporting and affirmative action requirements. The information required on this insert is requested only so that we may meet our Equal Opportunity/Affirmative Action obligations. Your completion of this form is purely voluntary and will not, in any way, affect your consideration for employment. This insert will be separated from your application and will be separately maintained.

How were you referred to our Company? Ad__Walk-In__
Agency (Specify)_____Employee (Who?)_____
State Employment Service__ Other_____

Please select the appropriate information for each category:

- 1) Sex: _____Male
 _____Female

- 2) Ethnicity: _____Hispanic/Latino
 _____NOT Hispanic/Latino

- 3) Race: _____American Indian or Alaska Native
 _____Asian
 _____Black or African American
 _____Native Hawaiian or Other Pacific Islander
 _____White

- 4) Position Applied for: _____

- 5) Clinic Applied for: _____

Applicant's Name (please print) Applicant's Signature

Date

Thank you for your assistance.