

Carolina Diabetes & Kidney Center, LLC

625 W. Wesmark Boulevard • Sumter, SC 29150 • (803) 469-7950 • FAX (803) 469-7521

EMPLOYMENT APPLICATION

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

APPLYING FOR

Job Title: _____ Date: _____

Location: _____

PERSONAL INFORMATION

Name _____ Social Security Number _____ - _____ - _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone () _____ Secondary Phone () _____

Fax Number () _____ E-mail Address _____

WORK AVAILABILITY

____ Full Time Days Nights Weekends

____ Part Time Days Nights Weekends

EDUCATION HISTORY

Name of High School _____ Location _____

Diploma Received? _____ Highest Grade Completed _____ Other _____

List licenses and certificates which are related to the job you seek:

Has there been any probation, suspension, revocation or other adverse action on such license? If yes, please explain.

Undergraduate College _____ Location _____

Degree Received? _____ Type of Degree _____ Date Completed _____

Graduate School _____ Location _____

Degree Received? _____ Type of Degree _____ Date Completed _____

WORK EXPERIENCE

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. All information in this section must be complete. A resume may be attached, but not submitted for completing this section.

Name of Present or Last Employer _____

Address _____ Phone _____

Job Title _____ Supervisor's Name _____

Dates Employed _____ to _____ Salary _____ May we contact this employer? _____

Job Duties (give details)

Reason for Leaving

Name of Present or Last Employer _____

Address _____ Phone _____

Job Title _____ Supervisor's Name _____

Dates Employed _____ to _____ Salary _____ May we contact this employer? _____

Job Duties (give details)

Reason for Leaving

Name of Present or Last Employer _____

Address _____ Phone _____

Job Title _____ Supervisor's Name _____

Dates Employed _____ to _____ Salary _____ May we contact this employer? _____

Job Duties (give details)

Reason for Leaving

Name of Present or Last Employer _____

Address _____ Phone _____

Job Title _____ Supervisor's Name _____

Dates Employed _____ to _____ Salary _____ May we contact this employer? _____

Job Duties (give details)

Reason for Leaving

Name of Present or Last Employer _____

Address _____ Phone _____

Job Title _____ Supervisor's Name _____

Dates Employed _____ to _____ Salary _____ May we contact this employer? _____

Job Duties (give details)

Reason for Leaving

List any skills (including computer software proficiency) which are related to the job you seek.

____ Terminal
____ PC/MAC
____ Typewriter ____ wpm

____ Spreadsheet
____ Word Processing

Other

Do you possess a valid driver's license? _____

State _____ Number _____ Expiration Date _____ Class _____

Have you ever been terminated or forced to resign from a position? _____ If so, please explain.

Have you been convicted of a criminal offense? Yes No

Note: Omit minor vehicle violations and any offense committed before your 17th birthday. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

If yes, please list charge(s) _____
Where convicted _____ Date _____ Disposition/ Status _____

Have you ever worked for Carolina Diabetes & Kidney Center? Yes No

If yes, when? _____

Do you have any relatives employed with Carolina Diabetes & Kidney Center? If yes, provide names below:

Name _____ Relation _____ Department _____

Name _____ Relation _____ Department _____

Give the names of three people, not relatives, who are familiar with your work.

Name _____

Address _____ Phone _____

Name _____

Address _____ Phone _____

Name _____

Address _____ Phone _____

PLEASE CAREFULLY READ THE FOLLOWING STATEMENT

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered **active** for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Carolina Diabetes & Kidney Center, LLC
625 W. Wesmark Boulevard, Sumter, SC 29150

TO: _____ DATE: _____

APPLICANT'S NAME: _____ SSN: _____

The above individual has applied for employment at Sumter Medical Specialists, PA and has given your name a () Former Employer () Personal Reference. We would appreciate very much any information you may be able to provide to help us in determining the applicant's qualifications as _____ in our _____ department.

Representative Signature Title

IN ACCORDANCE WITH THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579,
I authorize investigation of all matters contained in this form, including authority to request any educational transcript, and agree that if, in the judgment of the Hospital, any misrepresentation has been made by me on my Application for Employment or in a subsequently executed Medical Questionnaire, or the results of such investigation are not satisfactory, any offer of employment made by the Hospital may be withdrawn, or my employment may be terminated immediately, without any obligation or liability to me other than for payment at the rate agreed upon for services actually rendered.

Applicant's Signature Date

**If records are under any name other than shown, please indicate: _____

Work Reference

Date of Employment: From ___/___/___ to ___/___/___
Last Position Held: _____ Eligible for Re-Employment: Yes No
If No, please explain: _____
Work Evaluations: Ability _____ Attendance/Punctuality _____
Honesty _____ Reliability _____ Cooperation _____
Quality of Work _____ Quantity of Work _____
Reason for Leaving: _____
Comments: _____

Personal Reference

How is the applicant known by you (Instructor / Friend / Neighbor / etc): _____
How long have you know the applicant? _____ Do you believe the applicant to be honest? _____
Personality & ability to get along with people: _____
Strong personal characteristics or achievements: _____
Do you know any reason we should not employ? _____

Signature: _____ Title (if applicable): _____ Date: _____