



Allergy & Dermatology

s p e c i a l i s t s

Personal

Last Name	First	Middle	Date
Street Address		Apt. #	Home Telephone ()
City	State	Zip	Business Telephone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No			Alternate Telephone ()
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			E-mail Address
Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security #
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Position Desired
Are you able to travel to satellite offices when required? <input type="checkbox"/> Yes <input type="checkbox"/> No			Expected Pay (hourly / monthly)
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain			When will you be available to begin work?

Education

School	Name and Location	Course of Study	# of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business/ Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other special training or skills related to the position you are applying for. (languages, machine operation, etc.)

References

Name	Address	Daytime Telephone	How long have you known this person?	Nature of Relationship
		()		
		()		
		()		

In order for us to be able to process your application, please review and initial each of the statements below:

- _____ I declare that all statements contained in this application are true and that any misrepresentation or omission of information may result in rejection of my application and/or termination of my employment at any time.
- _____ I authorize you to conduct a criminal background check, as well as personal and professional background checks, for the purpose of consideration of this application. You may contact any references, past and current employers, and any other individual or organization that might be relevant to the position for which I am applying -- except for those specifically excluded in writing on this application. I hereby release all of these references, employers and other individuals/organizations from any and all liability for damages that might occur in connection with the processing of this application.
- _____ I understand and agree that my employment relationship with this organization is an "at-will" relationship, meaning that both the organization and I have the right to terminate this employment relationship at any time for no reason or for any reason, as long as that reason is not illegal. No verbal promises or guarantees can change this "at-will" relationship. Any changes to the "at-will" relationship or its terms must be in writing, for the agree purpose of changing the relationship, and signed by me and by an authorized officer of this organization. (For further information, please consult this organization's "at-will" policy.)
- _____ This organization prohibits and does not tolerate discrimination in any form, including harassment on the basis of race, color, national origin, religion, sex, age, veteran or marital status, disability, genetics, sexual orientation, or any other protected category of individuals. This organization is an equal opportunity employer and makes hiring and other employment decisions based on job-related qualifications, abilities, and factors other than on the basis of the race, color, national origin, religion, sex, age veteran or marital status, disability, genetics, sexual orientation, or any other protected category of individuals. (For further information, please consult this organization's EEO policy.)

My signature indicates that I have read all of the above statements, that I asked any questions I may have had, and that I fully understand each statement

DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS.

Signature	Date
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