

# Baz Allergy, Asthma & Sinus Center

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
 Last First Middle

PRESENT ADDRESS \_\_\_\_\_  
 Street City State Zip

PERMANENT ADDRESS \_\_\_\_\_  
 Street City State Zip

PHONE NO. \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? **Yes No** \_\_\_\_\_

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? **Yes No** \_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REFERRED BY \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? **Yes No** \_\_\_\_\_ Please give details about date and nature of conviction. \_\_\_\_\_

(NOTE: a conviction will not necessarily disqualify applicant from the desired position.)

| EDUCATION                                | NAME AND LOCATION OF SCHOOL | NO OF YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|-----------------------------|----------------------|-------------------|------------------|
| Grammar School                           |                             |                      |                   |                  |
| High School                              |                             |                      |                   |                  |
| College                                  |                             |                      |                   |                  |
| Trade, Business or Correspondence School |                             |                      |                   |                  |

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? \_\_\_\_\_ If no, describe the functions that cannot be performed.

(Note: The Company will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Employment may be subject to passing a medical examination.)

### GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS. \_\_\_\_\_

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_

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## FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST.)

| DATE<br>MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------------------|------------------------------|--------|----------|--------------------|
| FROM _____ TO _____    |                              |        |          |                    |
| FROM _____ TO _____    |                              |        |          |                    |
| FROM _____ TO _____    |                              |        |          |                    |
| FROM _____ TO _____    |                              |        |          |                    |

WHICH OF THESE JOBS DID YOU LIKE BEST? \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THAT JOB? \_\_\_\_\_

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| NAME | ADDRESS AND TELEPHONE | BUSINESS | YEARS<br>ACQUAINTED |
|------|-----------------------|----------|---------------------|
| 1    |                       |          |                     |
| 2    |                       |          |                     |
| 3    |                       |          |                     |

IN CASE OF EMERGENCY NOTIFY  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 PHONE NO.: \_\_\_\_\_

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, ANY FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I DECLINE THE RIGHT TO RECEIVE COPIES OF ANY PUBLIC RECORDS REVIEWED BY THE PROSPECTIVE EMPLOYER AS PART OF THE PRE-EMPLOYMENT PROCESS. **YES** \_\_\_\_ **NO** \_\_\_\_

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS "AT-WILL" AND AS SUCH IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE. THIS "AT-WILL" EMPLOYMENT RELATIONSHIP CAN ONLY BE CHANGED IN WRITING SIGNED BY \_\_\_\_\_.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_