



# Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

## I. Personal Information

Date: \_\_\_\_\_

Name: Last First Middle

Present Address City State Zip Code

Permanent Address (if different than above)

Social Security Number Telephone

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc...) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

## Position Applied for:

\_\_\_\_\_

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

\_\_\_\_\_

2. Do you have any relatives who are presently (or have formerly been) employed by the Allergy · Asthma · Dermatology & Morgan Pediatric Center (A.A.D.C. & M.P.C.)?

\_\_\_\_\_

3. How were you referred to A.A.D.C.?

\_\_\_\_\_

4. Are you employed? \_\_\_ Yes \_\_\_ No

5. Ever applied to this company before? \_\_\_ Yes \_\_\_ No Where? \_\_\_\_\_ When? \_\_\_\_\_

6. Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No If yes, please explain: (Will not necessarily exclude you from consideration.)

\_\_\_\_\_

\_\_\_\_\_

## II. Educational History

School Name/Location

Years Completed

Degree/Diploma

High School

College

Tech. Training

Other

---

## III. General

Subjects of special study or research work

Special Training/Skills

---

## IV. Service Record

U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

---

## V. Employment Record *Please include all employment for the last five years.*

1. \_\_\_\_\_

Company Name (Current or Most Recent Employer)	Immediate Supervisor	
Address	Title	Supervisor's Telephone
City and State	Position Held	
Telephone	Human Resource Fax	Responsibilities
Dates Employed	From	To
Starting Salary	Ending Salary	Reason for leaving

2. \_\_\_\_\_

Company Name (Current or Most Recent Employer)	Immediate Supervisor	
Address	Title	Supervisor's Telephone
City and State	Position Held	
Telephone	Human Resource Fax	Responsibilities
Dates Employed	From	To
Starting Salary	Ending Salary	Reason for leaving

---

3. \_\_\_\_\_  
 Company Name (Current or Most Recent Employer) Immediate Supervisor

\_\_\_\_\_  
 Address Title Supervisor's Telephone

\_\_\_\_\_  
 City and State Position Held

\_\_\_\_\_  
 Telephone Human Resource Fax Responsibilities

\_\_\_\_\_  
 Dates Employed From To

\_\_\_\_\_  
 Starting Salary Ending Salary Reason for leaving

---

4. \_\_\_\_\_  
 Company Name (Current or Most Recent Employer) Immediate Supervisor

\_\_\_\_\_  
 Address Title Supervisor's Telephone

\_\_\_\_\_  
 City and State Position Held

\_\_\_\_\_  
 Telephone Human Resource Fax Responsibilities

\_\_\_\_\_  
 Dates Employed From To

\_\_\_\_\_  
 Starting Salary Ending Salary Reason for leaving

---

**NOTE:** Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

\_\_\_\_\_  
 (Employer's Name) Reason

\_\_\_\_\_  
 (Employer's Name) Reason

---

**VI. References** Please do not include relatives or former employers.

1. \_\_\_\_\_  
 Name Years Known

\_\_\_\_\_  
 Address Telephone

\_\_\_\_\_  
 Occupation

2. \_\_\_\_\_  
 Name Years Known

\_\_\_\_\_  
 Address Telephone

\_\_\_\_\_  
 Occupation

3. \_\_\_\_\_  
 Name \_\_\_\_\_ Years Known \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation \_\_\_\_\_

**VII. Work Availability**

1. If your application receives favorable consideration, when will you be available to begin work?  
 \_\_\_\_\_

- 2. Do you have any objection to working overtime?      ( ) Yes ( ) No
- 3. Can you work overtime without prior notice?      ( ) Yes ( ) No
- 4. Can you work on Saturday?      ( ) Yes ( ) No
- 5. Can you travel if required by this position?      ( ) Yes ( ) No

**VIII. Salary / Hourly Rate Requirements**

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ \_\_\_\_\_ per \_\_\_\_\_

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

"I further understand that The Corpus Christi Allergy & Asthma Center fully complies with the Texas Drug-Free Workplace Rules. All applicants being considered for employment are subject to a pre-employment drug and/or alcohol test. No applicant with a positive, confirmed drug/alcohol test will be considered for employment."

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

**DO NOT WRITE BELOW THIS LINE**

FIRST INTERVIEW BY \_\_\_\_\_ DATE \_\_\_\_\_

SECOND INTERVIEW BY \_\_\_\_\_ DATE \_\_\_\_\_

HIRED \_\_\_\_\_ FOR DEPT. \_\_\_\_\_ POSITION \_\_\_\_\_

WILL REPORT \_\_\_\_\_ SALARY/WAGES \_\_\_\_\_

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 HUMAN RESOURCE                      MANAGER DEPARTMENT MANAGER                      PRESIDENT / C. E. O.