



# APPLICATION FOR EMPLOYMENT

## An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, creed, national origin, gender, age, disability, marital or veteran status, sexual orientation or any other legally protected status. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

**Personal Information**

Today's Date: \_\_\_\_\_

Last Name:	First	M.I.	
Street Address:		Apt. #:	
City:	State:	Zip:	Home Phone:

Social Security Number: \_\_\_\_\_ Are you 18 or Older?      Yes      No

If hired, can you furnish proof you are eligible to work in the U.S.?      Yes      No

Have you ever applied here before?      Yes      No      If yes, when? \_\_\_\_\_

Were you ever employed here?      Yes      No      If yes, when? \_\_\_\_\_

Were you referred by a current employee?      Yes      No      If yes, whom? \_\_\_\_\_

Do any of your relatives work here?      Yes      No      If yes, whom? \_\_\_\_\_

Have you been convicted of any law violation (except a minor traffic violation)?      Yes      No

If yes, please explain: \_\_\_\_\_

A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you re applying will be considered.

Are you now, or do you expect to be engaged in any other business or employment?      Yes      No

If yes, please explain: \_\_\_\_\_

**Position You Are Applying For:**

Position Title: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

When can you start? \_\_\_\_\_ How did you hear of the position? \_\_\_\_\_

Are you seeking: Fulltime/Parttime/Seasonal employment?      Full Time      Part Time      Seasonal

**Education:** Please describe in narrative form in the space provided below your formal education. Include the dates, locations, and degrees earned beginning with high school.

**Special Skills:** Please describe in narrative form in the space provided below any special skills, additional qualifications, or additional training you have that are related to the job for which you are applying. Please include any relevant equipment or machines you can operate.

**For Medical Positions Only:** Do you have valid Colorado licensure?                      Yes                      No

M.D./P.A./R.N./L.P.N. License Number: \_\_\_\_\_ Type of License: \_\_\_\_\_

Has your license ever been suspended, revoked or placed in a probationary status?                      Yes                      No

If yes, give details: \_\_\_\_\_

**References**

Are you presently employed?                      Yes                      No                      May we contact your present employer?                      Yes                      No

Have you ever been fired or asked to resign from a job?                      Yes                      No                      If yes, please explain below:

Have you worked or attended school under any other names?                      Yes                      No

If yes, give names:

**References ((Provide three references, not relatives or former employers.))**

Name	Address	Work #	Home #

**Work History:** List names of your last 3 employers with present or last employer listed first. Provide telephone numbers and names of individuals to contact.

Employer	Address	Phone	From	To	Salary	Supervisor

**Work Experience** In the space provided below please describe in narrative form your relevant work experience. Explain why and how your experience makes you the most qualified for the position for which you are applying. Please describe your work relationships with co-workers and managers.



**APPLICANT’S AFFIDAVIT AND**

**REQUEST, AUTHORIZATION, CONSENT & RELEASE FOR BACKGROUND INFORMATION**

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I CERTIFY that all of the information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I UNDERSTAND that this application for employment will remain active for a period of time not to exceed 45 days.

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 the Employee at any time with or without cause. It is further understood that this “at will” 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.

I, \_\_\_\_\_,  
**LAST NAME                                      FIRST NAME                                      MIDDLE NAME                                      SUFFIX (Jr., Sr., II, etc.)**

understand that in conjunction with my application for employment, **COLORADO ALLERGY & ASTHMA CENTERS, P.C.** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a report to **COLORADO ALLERGY & ASTHMA CENTERS, P.C.** **COLORADO ALLERGY & ASTHMA CENTERS, P.C.** uses *Backgrounds Online*, a consumer-reporting agency, as an agent to perform background verifications.

*Backgrounds Online* will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Workers Compensation records, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **COLORADO ALLERGY & ASTHMA CENTERS, P.C.** and *Backgrounds Online*.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. In accordance with the Fair Credit Reporting Act, **COLORADO ALLERGY & ASTHMA CENTERS, P.C.** will notify me if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **COLORADO ALLERGY & ASTHMA CENTERS, P.C.** I further understand that when requesting a copy of the report, proper identification will be required and I should direct my request to: *Backgrounds Online*, 1821 Q Street, Sacramento, CA 95814, phone: 800.838.4804.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE **COLORADO ALLERGY & ASTHMA CENTERS, P.C.** AND ITS AGENTS, **BACKGROUNDSONLINE** AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE MENTIONED INFORMATION OR REPORTS.

**APPLICANT'S AFFIDAVIT AND  
REQUEST, AUTHORIZATION, CONSENT & RELEASE FOR BACKGROUND INFORMATION  
(continued – the previous page must accompany this signature page)**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position Applied For

\_\_\_\_ - \_\_\_\_ - \_\_\_\_    \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Social Security Number      Date of Birth

\_\_\_\_\_  
Driver's License Number      State

Other names you have used or are also known as: \_\_\_\_\_

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

Current Address: \_\_\_\_\_  
Street      Apt.#      City      State      Zip Code      How long here?

Former Address: \_\_\_\_\_  
Street      Apt.#      City      State      Zip Code      How long here?

Former Address: \_\_\_\_\_  
Street      Apt.#      City      State      Zip Code      How long here?

May we contact your current employer?  Yes  No      Would you like a copy of this report?  Yes  No