ALLERGY ASSOCIATES, P.A
Application for Employment

PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)		SOCIAL SECURITY NO.
PRESENT ADDRESS	CITY	STATE ZIP CODE
PERMANENT ADDRESS	CITY	STATE ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS	
ARE YOU 18 YEARS OR OLDER? _____ Yes _____ No		

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? _____ Yes _____ No	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____ Yes _____ No	
EVER WORKED FOR THIS COMPANY BEFORE? _____Yes _____ No	WHERE?	WHEN?
REASON FOR LEAVING?		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY? _____ Online Advertising _____ Other (_____) _____ Employment Agency _____ Walk-In _____ Friend (Name: _____)		

EDUCATION

School Level	Name and Location of School	No. of Yrs Attended	Did You Graduate?	Subjects Studied
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

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FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS			CITY	STATE ZIP CODE
STARTING DATE		LEAVING DATE	JOB TITLE	
STARTING SALARY		FINAL SALARY		
NAME OF SUPERVISOR		TITLE		PHONE
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS			CITY	STATE ZIP CODE
STARTING DATE		LEAVING DATE	JOB TITLE	
STARTING SALARY		FINAL SALARY		
NAME OF SUPERVISOR		TITLE		PHONE
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS			CITY	STATE ZIP CODE
STARTING DATE		LEAVING DATE	JOB TITLE	
STARTING SALARY		FINAL SALARY		
NAME OF SUPERVISOR		TITLE		PHONE
DESCRIPTION OF WORK				
REASON FOR LEAVING				

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REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS & PHONE #	YEARS ACQUAINTED	RELATIONSHIP

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE & RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?	____ No	____ Yes
IF YES, EXPLAIN:		

LICENSES AND CERTIFICATIONS

LICENSE/CERTIFICATION TYPE	EXPIRATION DATE

COMPUTER SKILLS
SPECIAL TRAINING
OTHER SPECIAL SKILLS

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, educational institutes and employers listed above to give you any and all information concerning my previous employment, education 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.

_____ _____

Revised 08/07/2026