

**APPLICATION FOR EMPLOYMENT (PLEASE USE BLACK INK)**

First Name	Middle Name	Last Name		Date of Application
Present Number and Street	City	State	Zip	Telephone Number
				( )
Length of residency in community	Minimum salary requirement		Referred to us by	

Have you ever been convicted of a felony? (Eligibility to be hired will not necessarily be affected by a positive response.)  
 Yes  No  If yes, explain \_\_\_\_\_  
 Are you legally eligible to work in the United States? Yes  No  If hired, you will be required to produce proof of eligibility to work in the United States, in accordance with the Immigration Reform and Control Act of 1986.  
 Are you above the minimum legal age? Yes  No   
 Have you ever applied at Intermountain Allergy & Asthma before? Yes  No  If so, when? \_\_\_\_\_  
 Have you ever been employed by Intermountain Allergy & Asthma? Yes  No  If so, when? \_\_\_\_\_  
 If your employment records exist under another name, please specify \_\_\_\_\_ Date name changed \_\_\_\_\_

School Name/Location	Courses Majored In	Check Last Year Completed				Diploma/Degrees Received
		1	2	3	4	
High School						<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University						<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Study						<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade or Vocational						<input type="checkbox"/> Yes <input type="checkbox"/> No

List your special skills \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Type WPM \_\_\_\_\_

List any current professional licenses (nursing, x-ray, etc.) \_\_\_\_\_ State(s) in which registered \_\_\_\_\_

List any professional organizations to which you belong \_\_\_\_\_ Registration Number(s) \_\_\_\_\_

START WITH THE MOST RECENT EMPLOYMENT. GIVE A COMPLETE RECORD OF EMPLOYMENT FOR THE PAST TEN YEARS AND REASONS FOR PERIODS OF UNEMPLOYMENT. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Company Name		Address		Phone
Type of Business	Supervisor's Name & Title	Date Employed	Date Left	
Title and Duties				
Reason for Leaving	Starting Salary	Final Salary	If still employed, may we check reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name		Address		Phone
Type of Business	Supervisor's Name & Title	Date Employed	Date Left	
Title and Duties				
Reason for Leaving	Starting Salary	Final Salary	May we check reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name		Address		Phone
Type of Business	Supervisor's Name & Title	Date Employed	Date Left	
Title and Duties				
Reason for Leaving	Starting Salary	Final Salary	May we check reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name		Address		Phone
Type of Business	Supervisor's Name & Title	Date Employed	Date Left	
Title and Duties				
Reason for Leaving	Starting Salary	Final Salary	May we check reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Describe your three greatest work-related successes:

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2. What makes you the happiest when you work?

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3. What do you like best about your most current or present position?

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4. What do you like least about your most current or present position?

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5. Describe the best or the worst boss you've ever had:

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I certify that all information given on this application is true to the best of my knowledge and I understand that if hired I will be subject to dismissal if I have made any misrepresentations herein. As part of the hiring process, Intermountain Allergy & Asthma (IAA) will be checking references. IAA may contact the references provided and may also contact past employers to ask questions relating to work experiences. If accepted for employment, I agree to abide by all policies and procedures. I understand that, if employed, I will be required to complete a trial period of employment satisfactorily.

I further understand that, if offered, employment is at will and for no defined period of time and that no representative of the clinic is authorized to state, imply, or offer a contract for permanent employment and that either the clinic or I can terminate my employment and compensation, with or without cause and with or without notice, at any time.

IAA does not discriminate on the basis of race, religion, national origin, color, sex, pregnancy or pregnancy-related conditions, age, or disability. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors only. If you are not selected for this position you will be notified in writing at the conclusion of our search; however, the reason for the selection will not be discussed with any applicant.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**CONSENT TO OBTAIN INFORMATION**

I hereby give Intermountain Allergy & Asthma my consent to obtain from my employers (past and present) any and all information they may require in connection with my application for employment with the following exceptions:

Please do not contact:

\_\_\_\_\_ for the following reasons \_\_\_\_\_  
Company name

\_\_\_\_\_ for the following reasons \_\_\_\_\_  
Company name

\_\_\_\_\_ for the following reasons \_\_\_\_\_  
Company name

\_\_\_\_\_ for the following reasons \_\_\_\_\_  
Company name

This inquiry may include, but is not limited to, dates of employment, title, income, hours, evaluation of performance, strengths, weaknesses, attitude, professional conduct, integrity, etc.

A copy of this authorization may be accepted as an original.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date