



Office: 19267 Colima Road, Suite J
 Rowland Heights, CA 91748
Phone: (626) 964 - 2100
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APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE
 APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name: _____
Last First Middle Maiden

Present Address: _____
Number Street City State Zip Code

How long: _____ Social Security No. _____ - _____ - _____

Telephone: (_____) _____

If under 18, please list age: _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION <small>(Complete mailing address)</small>	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

DO YOU HAVE A DRIVER'S LICENSE? Yes No

Drivers license number _____ State of issue _____ Expiration date _____

What is your means of transportation to work? _____

Operator Commercial (CDL) Chauffeur

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How Many? _____

OFFICE ONLY

Typing: Yes No WPM _____

10-key: Yes No Word Processing: Yes No WPM _____

Personal Computer: Yes No PC Mac

Other Skills: _____

Please list two references other than relatives or previous employers.

Name: _____ Name: _____

Position: _____ Position: _____

Company: _____ Company: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? No Yes

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? No Yes

Specialty: _____ Date Entered: _____ Discharge Date: _____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. Experience if you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer: _____ Name of last supervisor: _____

Address: _____ Employment dates: _____
From *To*

Phone number: _____ Pay or salary: _____
Start *Final*

Reason for leaving (be specific): _____ Your last job title: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer: _____ Name of last supervisor: _____

Address: _____ Employment dates: _____
From *To*

Phone number: _____ Pay or salary: _____
Start *Final*

Reason for leaving (be specific): _____ Your last job title: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Address: _____ Employment dates: _____
Phone number: _____ Pay or salary: _____
Reason for leaving (be specific): _____ Your last job title: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? No Yes

Did you complete this application yourself? No Yes

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **Pulmonary Allied Health**, I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **Pulmonary Allied Health**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and **Pulmonary Allied Health** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant: _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.