

## APPLICATION FOR EMPLOYMENT

Please check which site you are applying for:

- 2737 Walsh Avenue, Santa Clara, CA 95051       1901 Monterey Road, San Jose, CA 95112  
 315 S. Abbott Avenue, Milpitas, CA 95035

IDENTIFICATION	LAST NAME	FIRST NAME	MIDDLE NAME	OTHER NAMES USED		
	PREFERRED NAME	CURRENT STREET ADDRESS	CITY	STATE	ZIP CODE	
	HOME TELEPHONE NUMBER (    )	MOBILE TELEPHONE NUMBER (    )	EMAIL ADDRESS			
	Have you resided at your current address for the past seven (7) years? If not, list your addresses for the past seven (7) years.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
	PREVIOUS HOME ADDRESS (No., Street, Apt. No.) CITY STATE ZIP CODE				FROM (MM-YY) / TO (MM-YY)	
	PREVIOUS HOME ADDRESS (No., Street, Apt. No.) CITY STATE ZIP CODE				FROM (MM-YY) / TO (MM-YY)	
	Have you ever been employed by Alliance Occupational Medicine?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
	How did you hear about our company?					
	Do you have any relatives that work for Alliance Occupational Medicine? If YES, please identify them below:				<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Name of relative _____ Current role _____					
If hired, can you provide proof of eligibility to work in the United States?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	

EDUCATION	SCHOOL NAME	CITY, STATE, ZIP CODE	MAJOR/MINOR	GRADUATE?
	HIGH SCHOOL/GENERAL EDUCATION DEVELOPMENT INSTITUTION			<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> NONE
	UNDERGRADUATE COLLEGE			
	GRADUATE COLLEGE			
	PROFESSIONAL TRADE, BUSINESS, TECHNICAL OR OTHER			
	Describe any other job-related training received in the US Military, military services from other countries, or other job-related skills, certificates, and other qualifications acquired from employment or other experience.			



INCLUDE THE LAST FIVE YEARS OF EMPLOYMENT BEGINNING WITH PRESENT OR MOST RECENT.			
<b>EMPLOYMENT DATA</b>	NAME AND ADDRESS OF CURRENT OR LAST EMPLOYER	TELEPHONE (    )	JOB TITLE
		STARTING PAY RATE	EMPLOYED FROM
	SUPERVISOR NAME AND TITLE	FINAL PAY RATE	EMPLOYED TO
	JOB DUTIES		REASON FOR LEAVING
	If still employed, may we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	NAME AND ADDRESS OF CURRENT OR LAST EMPLOYER	TELEPHONE (    )	JOB TITLE
		STARTING PAY RATE	EMPLOYED FROM
	SUPERVISOR NAME AND TITLE	FINAL PAY RATE	EMPLOYED TO
	JOB DUTIES		REASON FOR LEAVING
	NAME AND ADDRESS OF CURRENT OR LAST EMPLOYER	TELEPHONE (    )	JOB TITLE
		STARTING PAY RATE	EMPLOYED FROM
	SUPERVISOR NAME AND TITLE	FINAL PAY RATE	EMPLOYED TO
	JOB DUTIES		REASON FOR LEAVING
	NAME AND ADDRESS OF CURRENT OR LAST EMPLOYER	TELEPHONE (    )	JOB TITLE
		STARTING PAY RATE	EMPLOYED FROM
	SUPERVISOR NAME AND TITLE	FINAL PAY RATE	EMPLOYED TO
	JOB DUTIES		REASON FOR LEAVING

## APPLICANT STATEMENT

This application is submitted with the understanding that a pre-employment health screening and substance abuse test with results satisfactory to the employer must be completed before a conditional; offer of employment can be confirmed. I hereby consent to such a screening and inclusion of the results in my personnel file.

I further understand that Alliance Occupational Medicine will verify the statements I have made regarding my academic background, employment history and any criminal convictions which may be on my record. I give Alliance Occupational Medicine consent to conduct a criminal records search. I authorize my past employers, schools, and the persons named as references to give Alliance Occupational Medicine pertinent work-related information about me. I also understand that all offers of employment are contingent upon receipt of satisfactory verification of all the information provided in this application.

I certify that the answers I have given in this document are true and correct and I have not knowingly withheld any facts or circumstances. I understand that all answers given on this document and in the application process are subject to verification and that should I become employed at Alliance Occupational Medicine, any falsification, misrepresentation or omissions of facts are sufficient reasons for dismissal upon discovery at any time during employment.

If employed I understand that my employment with Alliance Occupational Medicine is “At will” and that either Alliance Occupational Medicine or myself can terminate employment at any time and without notice.

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*Applicant's Signature*

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*Date*

## SELF-DISCLOSURE/EEO IDENTIFIER

Alliance Occupational Medicine is an Equal Opportunity Employer. We will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. To aid in our recruiting outreach planning and to help us comply with US government regulations and recordkeeping guidelines, we would appreciate it if you would complete some voluntary information in the following fields. You will have the option to select ‘Choose not to Disclose’ if you do to wish to provide this information at this time in the application process.

This information is confidential. If provided, it will be kept separate from your application and will not affect your consideration for employment.

GENERAL APPLICANT INFORMATION	
<b>Name</b>	<b>Date</b> ____/____/____
<b>Position applied for:</b>	

GENDER		
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> CHOOSE NOT TO DISCLOSE

RACE/ETHNICITY		
<input type="checkbox"/> WHITE	<input type="checkbox"/> BLACK or AFRICAN AMERICAN (not Hispanic or Latino)	<input type="checkbox"/> TWO OR MORE RACES/BIRACIAL (not Hispanic or Latino)
<input type="checkbox"/> ASIAN (not Hispanic or Latino)	<input type="checkbox"/> NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER (not Hispanic or Latino)	<input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE (not Hispanic or Latino)
<input type="checkbox"/> HISPANIC or LATINO	<input type="checkbox"/> CHOOSE NOT TO DISCLOSE	

### Definitions

**White (not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (not Hispanic or Latino):** a person having origins in any of the Black racial groups of Africa.

**Asian (not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (not Hispanic or Latino):** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Native Hawaiian or Other Pacific Islander (not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Two or More Races/Biracial (not Hispanic or Latino):** a person who identify with more than one of the above five races.

Signature:
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