

# APPLICATION FOR EMPLOYMENT

Lone Star Allergy & Asthma Center will comply with all applicable federal, state and local laws governing Equal Employment Opportunity.

## Personal Information

---

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you at least 18 years of age?

YES

NO

Have you previously worked here?

YES

NO

Are you eligible to work in the United States?

YES

NO

Have you been convicted or pled guilty to a crime other than a traffic citation?

YES

NO

If "YES", Explain: \_\_\_\_\_

## Position Applying For

---

Title of position: \_\_\_\_\_

Minimum hourly wage requirement: \_\_\_\_\_

How did you hear about the position: \_\_\_\_\_

Date available to start: \_\_\_\_\_

Weekdays available to work: \_\_\_\_\_

## Education

---

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Business/Technical: \_\_\_\_\_ Date: \_\_\_\_\_ Degree, Major: \_\_\_\_\_

College: \_\_\_\_\_ Date: \_\_\_\_\_ Degree, Major: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Date: \_\_\_\_\_ Degree, Major: \_\_\_\_\_

Special Training and Skills: \_\_\_\_\_

## Work History (start with most recent)

---

Company Name: \_\_\_\_\_ Address/Phone #: \_\_\_\_\_

Dates (from/to): \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Pay rate (ending): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Duties: \_\_\_\_\_

---

Company Name: \_\_\_\_\_ Address/Phone #: \_\_\_\_\_

Dates (from/to): \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Pay rate (ending): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Duties: \_\_\_\_\_

---

Company Name: \_\_\_\_\_ Address/Phone #: \_\_\_\_\_

Dates (from/to): \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Pay rate (ending): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Duties: \_\_\_\_\_

---

**References**

Business	Personal
Name: Address: Business: Phone #:	Name: Address: Business: Phone #:
Name: Address: Business: Phone #:	Name: Address: Business: Phone #:
Name: Address: Business: Phone #:	Name: Address: Business: Phone #:

**Applicant’s Statement**

In making this application for employment, I understand that an investigation may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I authorize former and present employers, work and personal references listed in this application, and any other individuals I may name, to give Lone Star Allergy & Asthma Center or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to Lone Star Allergy & Asthma Center.

I understand that this employment application and any other Lone Star Allergy & Asthma Center documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period for ninety days from the date of my hiring. I further understand that, if I am employed, I can terminate my employment with or without cause and with or without notice, at any time, and that Lone Star Allergy & Asthma Center has a similar right. The physician or my manager may require specific performance and/or productivity that may change from time to time, and such requirement and performance may be the basis of continued employment. I understand that no manager or representative of Lone Star Allergy & Asthma Center has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that a corporate officer may do so in writing.

The information given by me in this application is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the exclusive judgment of Lone Star Allergy & Asthma Center, P.A.) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

**Do not sign until you have read and understand this statement.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**INVESTIGATIVE CONSUMER REPORT DISCLOSURE & CONSENT FORM**

**Lone Star Allergy & Asthma Center, P.A.**

In connection with your employment or application for employment (or contract for services), an investigative consumer report and consumer reports, which may contain public record information, may be requested from ISP/ProMesa Enterprises, Inc. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, criminal information, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from ISP/ProMesa Enterprises, Inc. concerning previous driving record requests made by others from such state agencies.

You have the right to receive, upon your written request within a reasonable period of time (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to ISP/ProMesa Enterprises, Inc., upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that ISP/ProMesa Enterprises, Inc. has previously furnished within the two-year period preceding your request. ISP/ProMesa Enterprises, Inc. may be contacted by mail at: ISP/ProMesa Enterprises, Inc. Attn: Consumer Department 5316 Hwy. 290-Suite 500, Austin, TX 78735, or by phone at 800-474-4420.

I authorize ISP/ProMesa Enterprises, Inc. to prepare a consumer report or investigative consumer report and to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA). If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

I hereby fully release and discharge ISP/ProMesa Enterprises, Inc, **Lone Star Allergy & Asthma Center, P.A.**, and their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to ISP/ProMesa Enterprises, Inc. from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

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

Print your full name: \_\_\_\_\_

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.  
Minnesota Applicants Only: I request a copy of any consumer report requested on me.

**Notice to California Applicants**

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by ISP/Promesa Enterprises during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at ISP/ProMesa Enterprises, Inc. in person, by mail, or by telephone. ISP/ProMesa Enterprises, Inc. may be contacted by mail at ISP/ProMesa Enterprises, Inc. Attn: Consumer Department 5316 Hwy. 290-Suite 500, Austin, TX 78735, or by phone at 800-474-4420. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box. (California applicants only) Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

## SUMMARY OF RIGHTS UNDER FCRA

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under the state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- 1. You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you-- such as denying an application for credit, insurance, or employment--must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- 2. You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- 3. You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs--to which it has provided the data--of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- 4. Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- 5. You can dispute inaccurate items with the source of the information.** If you tell anyone-- such as a creditor who reports to the CRA--that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- 6. Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old, ten years for bankruptcies.
- 7. Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA--usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- 8. Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- 9. You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- 10. You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court. The FCRA gives several different federal agencies authority to enforce the FCRA: