



**COASTAL ALLERGY CARE**

*Caring Accessible Excellence*

Lewis J. Kanter, M.D.  
 Cristina N. Porch-Curren, M.D.  
 Christine Y. Lee-Kim, D.O.  
 Diplomate Of The American Board Of Allergy & Immunology  
**And Associates**

- Camarillo 805-482-8989; FAX (805) 987-2855
- Thousand Oaks (805) 493-1537
- Simi Valley (805) 581-6482

**Application For Employment** (This application is only valid for a period of 60 days).

**An Equal Opportunity Employer:** Coastal Allergy Care is to fill every position without regard to race, color, religion, creed, gender, age, national origin, ancestry, disability or any other consideration made unlawful by federal, state, or local laws.

**Please print all responses**

**APPLICANT INFORMATION**

Full Name:			Date :	Date Available or Required Notice:
LAST	FIRST	M.I.		
Street Address:			City	State: Zip Code:
Cell Phone:	Email: Address:		Drivers License #/State	
Home Phone:				

**EMPLOYMENT DESIRED**

Position Applied for:				
Date Available:		Desired Salary:		
Are You a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Foreign Languages? YES <input type="checkbox"/> / NO <input type="checkbox"/>				
Fluently Speak / Write? YES <input type="checkbox"/> / NO <input type="checkbox"/>				
How were you referred to Coastal Allergy Care?	Friend <input type="checkbox"/> Friend's Name: Family Member <input type="checkbox"/> Family Member's Name: Advertisement <input type="checkbox"/> Advertisement: Other <input type="checkbox"/> Specify Referral:			

**EDUCATION**

TYPE OF SCHOOL	NAME / LOCATION OF SCHOOL	# OF YEARS COMPLETED	GRADUATED? YES / NO	DEGREE / DIPLOMA
HIGH SCHOOL			YES <input type="checkbox"/> / NO <input type="checkbox"/>	
COLLEGE			YES <input type="checkbox"/> / NO <input type="checkbox"/>	
TRADE SCHOOL			YES <input type="checkbox"/> / NO <input type="checkbox"/>	
OTHER TRAINING			YES <input type="checkbox"/> / NO <input type="checkbox"/>	

**SKILLS**

Special Skills Related To This Position YES <input type="checkbox"/> / NO <input type="checkbox"/>	<b>Please List:</b>
Are You Able To Operate A Personal Computer? YES <input type="checkbox"/> / NO <input type="checkbox"/>	<b>Types of Software:</b>
Other Office Equipment Or Medical Equipment You Can Operate	<b>Please List:</b>

## EMPLOYMENT HISTORY

Please account for all employment within the last seven (7) years, beginning with your current or more recent employer.

1. Company Name		Supervisor:
Address		Telephone:
City:	State:	Zip Code:
Job Title:		
Dates Employed	From:	TO:
Explain Reason for Leaving:		
Specific Job Duties:		
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
2. Company Name		Supervisor:
Address		Telephone:
City:	State:	Zip Code:
Job Title:		
Dates Employed	From:	TO:
Explain Reason for Leaving:		
Specific Job Duties:		
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
3. Company Name		Supervisor:
Address		Telephone:
City:	State:	Zip Code:
Job Title:		
Dates Employed	From:	TO:
Explain Reason for Leaving:		
Specific Job Duties:		
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		

4. Company Name		Supervisor:
Address		Telephone:
City:	State:	Zip Code:
Job Title:		
Dates Employed From:		TO:
Explain Reason for Leaving:		
Specific Job Duties:		
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		

**REFERENCES**

<i>Please list three professional references.</i>	
<b>Full Name</b>	<b>Relationship</b>
<b>Company</b>	<b>Phone: (     )</b>
<b>Address</b>	
<b>Full Name</b>	<b>Relationship</b>
<b>Company</b>	<b>Phone: (     )</b>
<b>Address</b>	
<b>Full Name</b>	<b>Relationship</b>
<b>Company</b>	<b>Phone: (     )</b>
<b>Address</b>	

**Please Read Carefully, Initial Each Paragraph and Sign Below:**

(\_\_\_\_\_) I understand that COASTAL ALLERGY CARE is an At-Will Employer. Employment at-will may be terminated with or without cause and with or without notice at any time by the employee or the employer. No agreements contrary to this at-will arrangement are valid unless they are in writing and signed by the Owners of Coastal Allergy Care. No supervisor or representative of Coastal Allergy Care has the authority to make implied or express agreements contrary to the foregoing.

(\_\_\_\_\_) I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

(\_\_\_\_\_) I hereby authorize Coastal Allergy Care to thoroughly investigate my references, work record, education and, social security number, alien registration number, and other matters related to my suitability for employment and, further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

(\_\_\_\_\_) I understand The Company and myself agree that any dispute with any party (including the Company, its affiliates, successors and other employees) that may arise from my employment or separation from employment with the Company shall be resolved by mandatory, binding arbitration before a retired judge or other arbitrator selected by mutual agreement of the Company and the Employee.

(\_\_\_\_\_) Should a search of public records (including records documentation an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. ( ) I wish to receive a copy of any public record described in the paragraph above.

Notice: New employees are required to produce verification of their legal right to work in the United States. If you are offered employment, you will be required to produce sufficient documentation of your identity and right to work in the United States and to attest under penalty or perjury that the documents you have produced are genuine and relate to you.

**My signature below certifies that I have read and understand the foregoing to the best of my knowledge and belief, the information on this form is true and correct.**

**APPLICANT'S STATEMENT**

The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the Company or its agents. I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery. Further, I understand that the and agree that my employment is for no definite period and may be terminated at any time.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature