



Employment Application

PLEASE READ CAREFULLY

Thank you for your interest in the American Institute of Alternative Medicine. **In order to have your application processed, you must thoroughly answer all questions on the application form. Applications filled out incompletely will not be considered.** While we encourage you to attach a resume, please note that a resume will not substitute for completing any portion of this application. All information will be treated confidentially.

American Institute of Alternative Medicine, an Equal Opportunity Employer, considers applicants for all positions without regard to race, color, religion, sex, sexual orientation, age, national origin, disabled or veteran status, or other legally protected status.

American Institute of Alternative Medicine
6685 Doubletree Avenue
Columbus, OH 43229
614-825-6255
www.aiam.edu

Employment Application

General Information

Last Name		First	Middle Initial	Social Security No. - -	
Street Address			City	State	Zip Code
Home Phone ()		Work Phone ()		Other Phone ()	
Position Applied For (Title)		Department		Salary Requirement <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Date Available
Email Address					
How did you learn of this vacancy (please list the specific employee, newspaper, web site, or other source)?					
Have you previously used any other names besides what is provided above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify below:					
Are you over 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Are you eligible for employment in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes (If offered employment, you will be required to provide documentation to verify eligibility.)					

AIAM Affiliation

Are you now or have you ever been employed by the American Institute of Alternative Medicine? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list the location, title, department, and dates below:	
Note: If you are currently employed by the AIAM you may choose the appropriate time to inform your supervisor of this application. Your supervisor, however, must be informed if you are invited for an interview. Please attach your most recent work performance appraisal.	
Are you now or have you ever been a student at AIAM? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list program and dates below:	

Education

High School Name		City	State	Diploma/Equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No
College and/or Technical School Name		City	State	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
Major		Degree Earned		If degree not earned, years completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Other Training or Degrees School Name			City	State
Major		Degree Earned		

Professional Licenses

Title	No.	State	Expiration Date
Title	No.	State	Expiration Date

Record of Conviction

Have you ever been convicted of a crime other than a minor traffic offense (including during Military Service)? No Yes If yes, explain:

A record of a criminal conviction will not necessarily bar you from employment.

Employment History: List current/most recent employer first. Include U.S. military service.

Employer Name		Address		City		State		Zip Code	
Telephone No. ()		Your Title			Department				
Beginning Date		Ending Date		Final Salary		Supervisor's Name & Title			
If you are still employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Summary of duties:									
Reason for leaving:									
Employer Name		Address		City		State		Zip Code	
Telephone No. ()		Your Title			Department				
Beginning Date		Ending Date		Final Salary		Supervisor's Name & Title			
Summary of duties:									
Reason for leaving:									
Employer Name		Address		City		State		Zip Code	
Telephone No. ()		Your Title			Department				
Beginning Date		Ending Date		Final Salary		Supervisor's Name & Title			
Summary of duties:									
Reason for leaving:									

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

PROFESSIONAL REFERENCES

Please list 3 professional references who you have know for more than two years.

Name	Title	Telephone No.	Email Address
		()	
		()	
		()	

Skills

List software in which you are proficient:			
List computer programming language in which you are proficient:			
Second Languages (including Sign Language):	Fluency		
Language	Written		Spoken
	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
Please list any other skills relevant to the position for which you are applying:			

Have you ever been discharged or asked to resign from a job? No Yes If yes, explain:

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that false statements of any kind or omission of facts called for on this application are a basis for dismissal regardless when they are discovered. I understand that any employment offered is for an indefinite duration, unless otherwise specified in writing, and is at-will, which means that either I or the American Institute of Alternative Medicine may terminate my employment at any time with or without notice or cause. I further understand that neither the policies, rules, regulations of employment, application for employment, nor anything said during the interview process shall be deemed to constitute the terms of any implied employment contract.

Signature of Applicant: _____ Date: _____

Invitation for Self-Identification For Applicants

The American Institute of Alternative Medicine is an equal opportunity employer. In recognition of its responsibility to staff, and the community it serves, AIAM affirms its policy to assure fair and equal treatment in all of its employment practices for all persons. We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, age, national origin, disabled or veteran status, or other legally protected status. To help us track our organizational success, we ask your assistance in filling out this voluntary self-identification form. In addition to our internal tracking, AIAM must meet government record-keeping and reporting requirements.

Completion of this form is voluntary, and will not affect your application for employment or employment with AIAM. Please contact the EEO Office if you have any questions.

Name

Date

Position applying for:

Check all that apply:

Female

Male

White, Not Hispanic

Hispanic or Latino

Black or African – American, Not Hispanic

Asian or Pacific Islander

American Indian or Alaskan Native

Vietnam Era Veteran: A veteran who:(1) served on active duty for more than 180 days any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

Other Protected Veteran: Veteran's who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.