



**Allergy, Asthma
& Immunology Center**
OF SOUTHWEST LOUISIANA

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Disclosure Statement

I acknowledge that the information I am supplying the Allergy, Asthma & Immunology Center of SWLA is factual. I authorize this clinic to make inquiries of my previous employers, educational institutions, and references about these matters through personal interviews or other means, including criminal background checks. I further understand that I have the right to make a request in writing for a copy of any information disclosed to me by this investigation described above.

I hereby affirm that the information I provided in my application is true and complete. I understand that providing false or incomplete information to the company could result in refusal of employment or if employed in my dismissal.

Signature

Date