

Application for Employment



For what position are you applying for? _____

Name: _____

Telephone: Home () _____ Cell () _____

Other () _____ SSN# _____

Address: _____

Street

City

State

Zip

Are you legally authorized to work in the United States? Yes No

Have you ever been convicted of a crime? Yes No Answering "Yes" does not constitute and automatic bar to employment

This application covers both clinical and office staff and some areas may not apply to everyone.

INDICATE CURRENT DENTAL CERTIFICATIONS OR LICENSES ALONG WITH NUMBER OF YEARS

1. RDA ___/___ 2. CDA ___/___

EDUCATION		
Last High School Attended	Location	Last Grade Completed

COLLEGE, TRADE SCHOOL OR SPECIAL TRAINING			
Name of school	Location	Degrees/ Certificate	Major

When can you start? _____ Salary requirement per hour: _____

Have you given notice to your present employer? Yes No

May we contact your present employer? Yes No

PREVIOUS EMPLOYMENT

List present, or most recent, position first. Please cover last 10 years of employment, Resume may be substituted for employment history.

Name of Employer

Your last name while employed

Address

Telephone Number

Position

Description of your job:

Date Hired

Date separated

Length of employment: Years

Months

Reason for leaving

Supervisor's Name

Title:

Phone Number

Name of Employer

Your last name while employed

Address

Telephone Number

Position

Description of your job:

Date Hired

Date separated

Length of employment: Years

Months

Reason for leaving

Supervisor's Name

Title:

Phone Number

Please add additional employer history on separate page or resume

In addition to your work experience, what other experiences, skills, qualifications especially prepare you to work in our office?

REFERENCES Please provide the name and contact information of 3 professional references that we may contact.

Name _____ Title _____ Years Known _____
Employer _____ Address _____
Phone () _____ Alternate Phone () _____

Name _____ Title _____ Years Known _____
Employer _____ Address _____
Phone () _____ Alternate Phone () _____

Name _____ Title _____ Years Known _____
Employer _____ Address _____
Phone () _____ Alternate Phone () _____

Recognize your right to terminate your employment at will, whenever you choose for any reason. This practice reserves to itself the same right.

I understand the information on this application is subject to verification, and I further understand that any false statements or omissions may be cause for dismissal if hired.

Signature of applicant _____

Date _____