



Application for Employment

Applicants are not required to give any information that is prohibited by federal, state/provincial, or local law.

Date _____ Social Security Number _____ - _____ - _____

Name _____
 Last First Middle Preferred Name

Current Address _____
 Number Street

 City County State Zip Code No. of Years Here

Previous Address (if current address less than 5 years)

 Number Street

 City County State Zip Code No. of Years Here

Home Phone # _____ Work Phone _____

POSITION DESIRED

What position are you applying for? _____

Salary Expectations: _____

WORK SCHEDULE

What type of employment? Full Time Part Time Temporary

When could you start employment? _____

What schedule are you available to work? (Include a.m. or p.m.)

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

EMPLOYMENT STATUS

Are you currently employed? Yes No

Is your intent to continue in your current job if you work here? Yes No

Are you currently a student? Yes No

If "yes", what impact does this have on your availability for work? _____

Are there any commitments, activities, hobbies, vacation plans, etc. that could affect your ability to work here? Yes No

If "yes", please explain _____

EMPLOYMENT HISTORY

List the most recent employer, or last employer, first. Include military service or any self-employed or unemployed periods. You *must* account for the past ten (10) years or since completing school, whichever is less. Use additional pages if necessary.

Employment History

Company _____
Address _____
Telephone Number _____
Date Employed _____
From _____ To _____ Last Salary _____
Last Position Held _____
Last Supervisor's Name _____
Why Did You Leave? *(Be Specific)* _____

Liked Most About Job? *(Be Specific)* _____

Liked Least About Job? *(Be Specific)* _____

Past Employer(s)

Company _____
Address _____
Telephone Number _____
Date Employed _____
From _____ To _____ Last Salary _____
Last Position Held _____
Last Supervisor's Name _____
Why Did You Leave? *(Be Specific)* _____

Liked Most About Job? *(Be Specific)* _____

Liked Least About Job? *(Be Specific)* _____

Past Employer(s)

Company _____
Address _____
Telephone Number _____
Date Employed _____
From _____ To _____ Last Salary _____
Last Position Held _____
Last Supervisor's Name _____
Why Did You Leave? *(Be Specific)* _____

Liked Most About Job? *(Be Specific)* _____

Liked Least About Job? *(Be Specific)* _____

EDUCATIONAL BACKGROUND

High School Name	Location	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Graduated	GPA
------------------	----------	---	----------------	-----

List Trade Schools and Colleges attended	Location	Dates Attended (From-To)	Date you did/will graduate	College Major	Degree Received	Grade Point Average

Do you have any other kind of training, licensing, special skills or knowledge, which would be helpful in considering you for employment? (Please include seminars and workshops) Yes No

If "yes", please describe _____

Can you speak a different language Yes No

If yes, please list _____

If you know how to use Dentrix Software, rate your proficiency one to five, Five being the best: N/A 1 2 3 4 5

OTHER INFORMATION

Driver's License Number _____ Are you at least 18 years of age? Yes No

Has your Driver's license ever been suspended or revoked? Yes No

If so, please explain: _____

Have you ever been known by a different name? Yes No

If "yes", please describe _____

Have you ever been convicted of a crime or a violation other than a minor traffic violation in the last 7 years? Yes No

If "yes", please describe _____

Are you legally eligible to work in the U.S.? Yes No

Document Number (if applicable) _____

Can you perform the essential functions for the job for which you have applied? Yes No

What accommodation, if any, do you need to perform this work? _____

Are you legally on any kind of medication which would affect your ability to perform this job? Yes No

If "yes", please describe _____

REFERENCES

Give names of two people, not relatives or former employees, who have known you for five years.

Name _____

Name _____

Current Address _____

Current Address _____

City/State/Zip _____

City/State/Zip _____

Home Phone Number _____

Home Phone Number _____

Number of Years Known _____

Number of Years Known _____

IN CASE OF EMERGENCY

Name _____

Home Phone _____

Current Address _____

Work/Message Phone _____

CONDITIONS OF EMPLOYMENT

ABC Pediatric Dentistry sets a high standard for its employees. We require compliance with these standards as a condition of employment. You need to carefully consider what will be required before considering a position with us. As an employee of ABC Pediatric Dentistry you would be expected to comply in full. You need to know and understand that ABC Pediatric Dentistry will require you to:

Job Expectations

Meet performance standards of position

Work hours as scheduled – report to work on time.

Take direction from supervisors and execute that direction to the best of your ability.

Maintain a positive, enthusiastic attitude at all times. Be a cooperative member of the staff.

Train, as needed, to keep high performance level on your job.

Personal Appearance

Maintain a business-like, professional appearance (dress and grooming)

Would you be able to comply with all the requirements as listed? Yes No

If “no” or you have any concerns about being able to comply with any of these requirements, please explain: _____

ACKNOWLEDGEMENTS & AGREEMENTS

ALL APPLICANTS – Please read the following and address any questions to the Personnel Representative signing below: I acknowledge that in connection with my application for employment, promotion, or reassignment with ABC Pediatric Dentistry, an investigative consumer report or other inquiry may be made as to my character, general reputation, personal characteristics and mode of living. If a report is made, I have been advised further that upon written request within a reasonable amount of time, additional information as to the nature and scope of the report, if one is made, will be provided. This written request should be addressed to the Personnel Department where this application is made.

I hereby authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information pertinent to my employment and release the same from any liability resulting from providing such information. ABC Pediatric Dentistry has my permission to make said inquiries and I hereby release ABC Pediatric Dentistry from any liability in making said request or in relying on the information received.

I understand that satisfactory reports are a condition of my employment with ABC Pediatric Dentistry. I further understand that my employment with ABC Pediatric Dentistry will be terminated if management determines that said reports are unsatisfactory.

I also acknowledge that from time to time, ABC Pediatric Dentistry may be required to submit certain information with regard to my employment or application for employment. I hereby release the (Company), its agents, assigns and subsidiaries from any liability from submitting such information.

I acknowledge that ABC Pediatric Dentistry may request either prior to and/or after employment that I undergo drug testing and may request after an offer has been made, a medical exam. I consent and agree to any such exam, if required, now or in the future. I understand that when pre-employment drug testing is required, a satisfactory result is a condition of employment with ABC Pediatric Dentistry.

I hereby certify that all statements and answers made on this Employment Agreement are complete and true. I understand that if subsequent to employment any of such statements and/or answers are found to be false or that information is omitted, such false statements or omissions will be considered grounds for termination of my employment.

Employee Signature

Date

Office Manager Signature

Date