



APPLICATION FOR EMPLOYMENT

Date: _____

Please print carefully and complete the entire application. Check boxes that apply to you. Provide only the information requested. Failure to do so will result in disqualification of your application.

Name: _____ E-mail Address: _____
First Middle Last

Social Security No.: _____ Driver's License No. & State: _____

Present Address: _____
Street City State Zip

Phone: Home _____ Cell _____

How long at current address? _____ Addresses for past five years:

Are you currently employed? Yes No If yes, why do you wish to change jobs?

Do you plan to work anywhere else in addition to working at this Company? Yes No

If so, where? _____

When are you available to work ? Mornings? Afternoons? Weekends?

How do you plan to get to work? Drive Carpool Public Transport Walk Other

Date available for employment: _____

Job type sought: Full Part-time Temporary Occasional

Salary desired _____ Position desired _____
(Give a figure or range)

Are you 18 years or older? Yes No

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation? Yes No Unknown

EDUCATION:

	Name & Address of School	Circle last year completed	Graduated?	Subjects studied and/or degree received or date last attended
Jr. High School		7 8 9	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sr. High School		10 11 12 GPA:	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	
College or Technical School		1 2 3 4 GPA:	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	
Graduate School		GPA:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Do you plan to continue your education? Yes No If so, when and in what field?

Do you have experience working with children? Yes No

CHECK SKILLS & TRAINING ACQUIRED. Check those that apply to you in regards to the position desired. Give details where requested.

- | | |
|--|---|
| <input type="checkbox"/> Licensed Dental Hygienist | <input type="checkbox"/> Sealant Application Certification |
| <input type="checkbox"/> Registered Dental Assistant | <input type="checkbox"/> Restorative and Prosthetic Certifications (Expanded Functions) |
| <input type="checkbox"/> CPR Certification | <input type="checkbox"/> Sedation Experience |
| <input type="checkbox"/> Dental Radiology Certification | <input type="checkbox"/> Charting System: Programs_____ |
| <input type="checkbox"/> Coronal Polishing Certification | <input type="checkbox"/> Word Processing: Programs_____ |
| <input type="checkbox"/> Nitrous Oxide Certification | <input type="checkbox"/> Other_____ |

BUSINESS EXPERIENCE: List ALL previous employers, starting with the most recent. Include U.S. military service and extra and part-time jobs. Use additional paper if necessary.

Are you currently employed or are you engaged in a business activity? Yes No

MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Yes No

1. Dates Worked: From	To	Salary: Starting	Final
Employer's Name		Job Title and Duties	
Employer's Address		City	State Zip
Supervisor's Name		Reason for Leaving	
Supervisor's Title		Supervisor's Telephone No.	

2. Dates Worked: From	To	Salary: Starting	Final
Employer's Name	Job Title and Duties		
Employer's Address	City	State	Zip
Supervisor's Name	Reason for Leaving		
Supervisor's Title	Supervisor's Telephone No.		

3. Dates Worked: From	To	Salary: Starting	Final
Employer's Name	Job Title and Duties		
Employer's Address	City	State	Zip
Supervisor's Name	Reason for Leaving		
Supervisor's Title	Supervisor's Telephone No.		

4. Dates Worked: From	To	Salary: Starting	Final
Employer's Name	Job Title and Duties		
Employer's Address	City	State	Zip
Supervisor's Name	Reason for Leaving		
Supervisor's Title	Supervisor's Telephone No.		

5. Dates Worked: From	To	Salary: Starting	Final
Employer's Name	Job Title and Duties		
Employer's Address	City	State	Zip
Supervisor's Name	Reason for Leaving		
Supervisor's Title	Supervisor's Telephone No.		

Please account for any unemployment longer than three months. (Use additional paper if necessary.)

6. _____ 7. _____
 8. _____ 9. _____

Are any relatives or members of your household current or previous employees or independent contractors of Cavity Commando's Dentistry for Kids? Yes No If yes, please list the names of each and your relationship: _____

PROFESSIONAL REFERENCES: Give the names of three people you have known at least one year. **DO NOT GIVE RELATIVES.**

Name	Address	How do you know this person?	Phone Number
1.			
2.			
3.			

How did you happen to apply for employment at Cavity Commando's Dentistry for Kids?

Why do you want to work for Cavity Commando's Dentistry for Kids? _____

Are you legally eligible to work in the United States? Yes No
(Proof of eligibility will be required upon employment.)

Have you ever been convicted of, or entered a plea of guilty, no contest or had withheld judgment to a felony?
Yes No

If yes, please explain: _____

Have you ever been required to register as a sex offender in any jurisdiction? Yes No

If yes, describe in full, including the nature of the offense, the State in which you were convicted, and the date of conviction.

DISCLAIMER/AUTHORIZATION

1. We have a no tobacco policy in our building, or within 40 feet of our entranceways.

2. This application will be considered for only 90 days. Thereafter, a new application must be filed if you are not in the meanwhile hired and still desire employment here. Further, I understand and acknowledge that, if hired, my employment with the Company will be at-will and accordingly, is not for any specific term or duration, and either I or the Company may terminate the relationship at any time, with or without prior notice and for any reason or no reason.

By signing this application, I hereby acknowledge and agree to the following:

I hereby certify that the above information is true and complete and agree that any misrepresentation or false information will be grounds for rejection of this application or immediate discharge. I authorize any person, organization or Company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such

information. I further authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

I understand and authorize that, in connection with my application and during the term of my employment, the company may obtain information concerning my character, general reputation, personal characteristics and mode of living for employment purposes. I understand that if I am extended an offer of employment, I may be required to submit to a blood and/or urine substance abuse screening tests, and that my employment may be conditioned upon the results of the examination. I understand that if I fail to submit to the substance abuse screening test, or if I fail to pass the substance abuse screening test, I will not be hired. I understand that any employment is contingent upon my submitting proof of my identity and employment eligibility as required by federal immigration law. I understand that my application will not be complete and will not be considered by Company until and unless I sign the accompanying Disclosure and Authorization form. If employed, I understand that I will be on probation for 120 calendar days from date of hire.

Equal Opportunity Employer

The Company considers applicants for all positions without regard to race, color, religion, national origin, gender, age, marital status, disability, veteran status, sexual orientation or any other characteristic protected by applicable city, state or federal law.

DATE: _____

SIGNATURE OF APPLICANT _____