

APPLICATION FOR EMPLOYMENT/PRE-EMPLOYMENT QUESTIONNAIRE/EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION Date _____

Name (Last Name First) _____

Present Address _____ City _____ State _____ Zip Code _____

Permanent Address _____ City _____ State _____ Zip Code _____

Phone No. _____ How did you find us? _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

Are you employed? YES NO If so, may we inquire of your present employer? YES NO

Ever applied to this company before? YES NO If so, when? _____

Name and Location of School	Years Attended	Did you Graduate?	Subjects Studied
Grammar School			
High School			
Trade, Business Or Correspondence			

General (Clinical or Business Skills)

U.S. Military or Naval Service	Rank
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FORMER EMPLOYERS LIST (List Below Last Four Employers, Starting With Last One First)

Date Month and Year	Name and Address Of Employer	Salary	Position	Reason For Leaving
<u>From</u> <u>To</u>				
<u>From</u> <u>To</u>				
<u>From</u> <u>To</u>				
<u>From</u> <u>To</u>				

REFERENCES:

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

Name	Address	Business	Years Known
1.			
2.			
3.			

PLEASE EXPLAIN YOUR PHILOSOPHY OF PREVENTATIVE DENTISTRY BELOW

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

DATE _____

SIGNATURE _____

INTERVIEWED

BY _____

-----DO NOT WRITE BELOW THIS LINE-----

REMARKS

Date Hired:

Position:

Will Report:

Salary/ Wages: