

APPLICATION FOR
DENTAL OFFICE EMPLOYMENT

GENERAL INFORMATION

Can you fulfill the job duties and responsibilities of the position for which you are applying as they have been described to you, with or without a "reasonable" accommodation?				[] Yes [] No			
Are you available for the work hours required of the position for which you are applying?				[] Yes [] No			
If applicable, do you have the required license(s) to perform the job?				[] Yes [] No			
Can your vacations be arranged at practice convenience? If no, please explain:				[] Yes [] No			
Do you illegally use drugs?				[] Yes [] No			
Date available to start?							
Salary requirements:		\$	/hour	\$	/daily	\$	/month
Benefit requirements:							
Please indicate your availability to work:		[] Days [] Evenings ___ Days/wk ___ Hrs/wk Hours from ___ to ___					
Circle the days of the week you will NOT be available to work: Mon Tue Wed Thu Fri Sat Sun							
Are you needing: Full-Time <input type="checkbox"/> only Part-Time <input type="checkbox"/> only whichever is available (Full or Part Time) <input type="checkbox"/>							

EMPLOYMENT / WORK EXPERIENCE

List the last 7 years, including periods of self-employment or unemployment. Answer all questions here and throughout this employment application—**do not substitute with a resume**. List present or most recent position first. Attach additional pages if needed.

Name of employer:		Address (Number, City, State, Zip):		Phone:	
Employed: From and To (Month and Year)		Position(s) Held:		Supervisor's Name and Title:	
Average # of hours worked per week:		Rate of Pay: Starting and Ending		Your last name at time of employment:	
Describe your duties:					
Give specific reason(s) for leaving:					
May we contact this employer: [] Yes [] No					

Name of employer:		Address (Number, City, State, Zip):		Phone:	
Employed: From and To (Month and Year)		Position(s) Held:		Supervisor's Name and Title:	
Average # of hours worked per week:		Rate of Pay: Starting and Ending		Your last name at time of employment:	
Describe your duties:					
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May we contact this employer: [] Yes [] No					

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Employed: From and To (Month and Year)	Position(s) Held:	Supervisor's Name and Title:
Average # of hours worked per week:	Rate of Pay: Starting and Ending	Your last name at time of employment:
Describe your duties:		
Give specific reason(s) for leaving:		
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No		

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ THE FOLLOWING AND SIGN BELOW

GENERAL AGREEMENT

If hired, I will provide legal proof of identity and authority to work in the United States. I agree to conform to the rules and standards of the practice, as amended from time to time at the employer's discretion. I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. I hereby certify that the information contained in this application form is true and correct to the best of my knowledge.

EMPLOYMENT RELATIONSHIP

If hired, I understand that employment with the practice is not for a specified term and can be terminated "At Will", with or without cause, and with or without notice, at any time, either at the option of the employee or the employer. No employee or representative of the practice, other than its owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the employer may not alter the "At-Will" nature of the employment relationship unless it is done specifically in writing and is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the "At-Will" nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

AUTHORIZATION OF REFERENCE AND BACKGROUND CHECKING

All offers of employment are conditioned upon receipt of satisfactory responses to reference requests and background inquiries and exams. Unless I have otherwise indicated above, I authorize the references listed, as well as all other individuals who may be contacted, to provide any and all information concerning my previous employment, background, and any other pertinent information that they may have. Additionally, contingent upon a conditional offer of employment and as part of screening for the position for which I am applying, if required, I agree to take a physical exam, drug test, and/or authorize a background check which may include a review of criminal convictions, driving record and credit history. Further, I release all parties and persons from all liability for any damages that may result for furnishing the practice with such information as well as from the use or disclosure of such information by the employer or any of its agents, employees or representatives.

Applicant's signature: _____ Date: _____

Application forms will be retained for a period of 3 years.

Note: This Application for Employment was prepared for general use throughout the United States and in consultation with legal counsel. It is designed to comply with Federal and State Fair Employment Practice laws. However, since State and local laws vary, Bent Ericksen & Associates assumes no responsibility for the inclusion in this application form of any questions that may violate Federal, State, or local laws.