



APPLICATION FOR EMPLOYMENT

Personal Information

Name _____ Date _____
LAST FIRST MIDDLE Social Security # _____

Address _____
STREET//P. O. BOX CITY STATE ZIP

Phone Number _____ E-mail _____ Referred By _____

Are you at least 18 years old? Yes No (If no, please provide work permit)

Do you have the legal right to work in the U. S.? Yes No (Proof will be required upon employment)

Employment Desired

Position _____ Date you can start _____ Salary Desired _____

Ever applied to this company before? Yes No When? _____

Education	Name and Location of School	Years Attended	Graduated Y/N	Subjects Studied
High School				
College				
Post Graduate				
Special Courses or Training				

Certificates or Licenses

	CPR	COR. POLISH	X-RAY	DA	RDA	RDAEF	RDH	RDHEF	OTHER
Cert/Lic #									
Date Earned									
State Issued									
Exp. Date									

Have you completed all Hepatitis vaccination requirements? Yes No

Please list any applicable Computer skills/experience _____

Subjects of special study or research work _____

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

Are you able to work overtime if requested? Yes No

Are you able to travel to seminars? Yes No _____

Can your vacations be arranged at practice convenience? Yes No If no, please explain: _____

What foreign languages do you speak fluently? _____ Read _____ Write _____

US Military or Naval Service _____ Rank _____

Present Membership in National Guard or Reserves _____

Is any additional information relative to change of name necessary to enable a check on your work and/or education records? Yes No If yes, please explain _____

Employment/Work Experience List the last four employers, starting with last one first, including periods of self-employment or unemployment. **Do not substitute with a resume.** Attach additional pages if needed

Name of Employer:	Address (Number, City, State, Zip):	Phone Number::
Employed: From and To (Month/Year)	Supervisor's Name/Title:	
Position(s) Held/Describe your duties:		
Give specific reason(s) for leaving:		
May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Employer:	Address (Number, City, State, Zip):	Phone Number::
Employed: From and To (Month/Year)	Supervisor's Name/Title:	
Position(s) Held/Describe your duties:		
Give specific reason(s) for leaving:		
May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Position(s) Held/Describe your duties:		
Give specific reason(s) for leaving:		
May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No		

Advanced Comprehensive Dentistry, Implants & Orthodontics

100 French Bar Road • Suite 101 • Jackson, CA 95642 • Phone (209) 223-2712 • FAX (209) 223-2719

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References: Give below the names of three people not related to you, whom you have known at least three years.

Name	Address	Phone Numbers	Years Acquainted
①			
②			
③			

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 inquires 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.

Signature

Date

Addendum to Employment Application

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