## **EMPLOYMENT APPLICATION**

### MIDTOWN DENTAL

#### AN EQUAL OPPORTUNITY EMPLOYER

We greatly appreciate your interest in our organization, and assure you that applicants are considered for all positions without regard to race, color, sex, age, religion, national origin, disability, marital status or veteran status. Please note this application must be completed in its entirety and signed in order to be considered. Information submitted on this application is subject to verification. NOTE: All new hires are required to submit documentation in accordance with the Immigration Reform and Control act of 1986. In addition, employers may be required to submit to drug/alcohol testing both prior to their first day of employment and during the scope of their employment.

		NAL INFORMA			
Date:///	Phone #: (	)			
Name:			Social Security	/#: /	/
Last	First	Middle Initial			
Present Address:					
Stre	et	City	State	Zip	How Long?
Previous Address:					
Stre	et	City	State	Zip	How Long?
Are you at least 18 yea	ars of age?  Yes  No	If No, please sta	ate your age:		
Are you legally eligible	e for employment in the US	? 🗌 Yes 🗌 No			
	EMPLOYI	MENT INFORM	1ATION		
Position applying for:_			Date available	e to start:	_//
Type of Employment of	desired: 🗌 Full Time 🗌 Pa	rt Time 🗌 Tempora	ary Salary Desi	red: \$	per
Are you willing to wor	k overtime, if required? 🗌	Yes 🗌 No			
Are there any shifts or	hours, which you cannot v	vork? 🗌 Yes 🗌 No	If Yes, please i	dentify hours	:
Have you ever applied	for a position with this cor	npany before? 🗌 Y	es 🗌 No If Yes	, when?:	
If yes, write date & pla	onvicted of any crime other aces where charges occurre	d (Note: answering	"Yes" will not au		lisqualify you for
Have you taken any ill	egal drugs in the past thirty	/ (30) days? 🗌 Yes	□ No		
Are you presently emp	bloyed? 🗌 Yes 🗌 No 🛛 If ye	es, may we contact y	our present emp	oloyer? 🗌 Y	es 🗌 No
		EDUCATION			
	Name & Location of Scho	ol Years Complet	ed Did yo graduat		egrees Earned
High School					
College					
Graduate School					
Trade, Business, or Certificates					
	at would enhance your abili	ity to perform this p	osition:	I	

# EMPLOYMENT APPLICATION

Please give accurate, complete full and part time employment record. Start with your present or most recent employer:

Company Name:	Phone #:
Address:	Employed From:
	Start: End:
Name of Supervisor:	Salary/Wages:
	Start: End:
State Job Title and Responsibilities:	Reason for Separation:

Company Name:	Phone #:	
Address:	Employed From:	
	Start: End:	
Name of Supervisor:	Salary/Wages:	
	Start: End:	
State Job Title and Responsibilities:	Reason for Separation:	

Company Name:	Phone #:	
Address:	Employed From:	
	Start: En	nd:
Name of Supervisor:	Salary/Wages:	
	Start: En	nd:
State Job Title and Responsibilities:	Reason for Separation:	

Note that the employers listed above will be contacted unless the applicant indicates differently. Are there any employers above whom you do not wish for us to contact? Yes No If yes, please indicate the employer and reason:

### REFERENCES

List below the names of three employment contacts, not related to you, who can provide information about your prior employment.

Name	Address & Telephone #	Business	Years Known

I hereby reaffirm that I have read the foregoing questions and that my answers to them are true and correct and that I have not misrepresented or withheld any information. I understand that falsification of this information may be cause for immediate dismissal. I further acknowledge that my employment may be terminated, and any offer of employment may be withdrawn without prior notice at any time by me or the company. I also understand that my employment is at will. This means that I am free to terminate my employment at any time, for any reason, and the company retains the same right. I understand that any offer of employment may be contingent upon a background investigation, which may include credit, criminal, motor vehicle or previous employment. I hereby authorize all my references and former employers listed on my employment application to give the company any and all information concerning by previous employment and any pertinent information they might, personal or otherwise, and release all parties from any claims, causes of action, or liability from damages that may or could result in furnishing such information to the company.

Signature of Applicant