



Please print all information requested except Signature

APPLICATION FOR EMPLOYMENT

Please complete entirely

Date: _____

NAME: _____

Last
First
Middle Initial
Maiden

Present Address: _____

Number
Street
City
State
Zip

How Long: _____ Social Security # _____ - _____ - _____

Home Phone: _____ Cell Phone _____

Position Applied For: _____ Days/Hours Available to Work

Salary Requirements: _____
 Be Specific _____
 No Pref. _____ Thursday _____
 Monday _____ Friday _____
 Tuesday _____ Saturday _____

How many hours can you work weekly? _____ Wednesday _____ Sunday _____

Can you work nights? _____

Employment Desired: Full-Time Only Part-Time Only Full or Part Time

When are you available to start? _____

Name of School	Type of School	Location - Complete Address	Number of Years completed	Major or Degree
High School				
College				
Business or Trade School				
Professional School				

Have you ever been convicted of a felony? YES NO

If yes, please explain. _____

Do you have a Driver's License? YES NO

What is your means of Transportation to work? _____

Have you every been in the Armed Forces? YES NO

Are you a member of the National Guard? YES NO



APPLICATION FOR EMPLOYMENT - 2 -

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Please List two references other than relatives or previous employers

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone _____	Telephone _____

Work Experience: Please let your work experience for the *past five years*, beginning with your most recent job held. If you were self-employed, give firm name: Attach additional sheets if necessary.

Name of Employer: Address: City, State Zip: Phone Number:	Name of Last Supervisor	Employment Dates	Pay or Salary
		From: To:	Start: Final:
	Your Last Job Title:		
Reason for Leaving (Be Specific)			
List thee jobs you held, duties performed, skills used or learned, advancements or promotions whil you worked at this company?			

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May be contact your present employer? YES NO

Agreement (Please read carefully before signing)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with North East Dental Arts creates an actual or implied contract of employment. I understand that, if I accept employment with North East Dental Arts, it will be on an at-will basis. This means that either North East Dental Arts or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by North East Dental Arts. I release North East Dental Arts, and it's employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize North East Dental Arts to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release North East Dental Arts and its employees from all liability arising from such investigation.

Signature of Applicant _____ Date _____



North East Dental Arts is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with North East Dental Arts depends solely on your qualifications.