



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name: _____

Address: _____ City: _____

Phone #: _____ - _____ - _____ E-mail address: _____

Are you 18 years or older? _____ Social Security #: _____ - _____ - _____

DESIRED EMPLOYMENT

Position: _____ Start Date: _____ / _____ / _____

Desired Salary: \$ _____ Are you currently employed? _____

Reason for leaving your current position? _____

How did you hear about the job opening?

- Newspaper Advertising
- Friend
- County Dental Employee
- Walk-in
- Employment Agency
- Other

Have you been convicted of a felony within the past 5 years? _____

If yes, please explain: _____

FORMER EMPLOYERS

List below last three employers starting with the most recent.

Company Name: _____

Address: _____ City: _____

Phone #: _____ - _____ - _____ Occupation: _____

Starting Date: ___ / ___ / ___ Leaving Date: ___ / ___ / ___ Salary: \$ _____

Reason for Leaving:

May we contact your supervisor? _____ Name of Supervisor: _____

Company Name: _____

Address: _____ City: _____

Phone #: _____ - _____ - _____ Occupation: _____

Starting Date: ___ / ___ / ___ Leaving Date: ___ / ___ / ___ Salary: \$ _____

Reason for Leaving:

May we contact your supervisor? _____ Name of Supervisor: _____

Company Name: _____

Address: _____ City: _____

Phone #: _____ - _____ - _____ Occupation: _____

Starting Date: ___ / ___ / ___ Leaving Date: ___ / ___ / ___ Salary: \$ _____

Reason for Leaving:

May we contact your supervisor? _____ Name of Supervisor: _____

INTERVIEWER'S USE ONLY

Interviewed by: _____ Date: ____ / ____ / ____
Comments: _____

Interviewed by: _____ Date: ____ / ____ / ____
Comments: _____

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.

Signature

Date