

Excel Dental Clinic

Employment Application

Programs, services, and employment are equally available to every one. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date: _____

Application Data:

Last Name _____ First Name _____ MI _____ Date of Birth: _____

Address _____ City _____ State _____ Zip Code _____

Social Security # _____ - - _____ Diver License # _____ State _____

Home Phone _____ Cell Phone _____ Other Phone _____

Position applied for: _____ Salary Requirement \$ _____ Date available start: _____

Language other than English _____ Typing Skill _____ Computer Experience _____

Do you have your own transportation? Yes ___ No ___

Type of employment desired: Full time ___ Part time ___ Temporary ___ Seasonal ___

Have you ever worked for this company? Yes ___ No ___ If yes, when? _____

Are you a citizen of the United States? Yes ___ No ___ If no, are you legally allowed to work in the US? Yes ___ No ___

If you are under 18 and we require a work permit, can you furnish one? Yes ___ No ___

If no, please explain: _____

Have you ever pled "guilty", "no contest", or been convicted of a crime? Yes ___ NO ___

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Who referred you to us? _____

Education:

High School _____ Address _____

of Years Completed _____ Did you graduate? Yes _____ No _____ GPA: _____

College/University _____ Address _____

of Years Completed _____ Did you graduate? Yes _____ No _____ Degree: _____

Major: _____ GPA: _____ Class Rank: _____

Other _____ Address _____

of Years Completed _____ Did you graduate? Yes _____ No _____ Degree: _____

Major: _____ GPA: _____ Class Rank: _____

Reference:

Please furnish the names, addresses and telephone number of two people to whom you are not related and by whom you have not been employed:

Name _____ Phone # _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Phone # _____
Address _____ City _____ State _____ Zip Code _____

Previous Employment: (begin with most recent position)

Date of employment: From _____ To _____ Position Held _____
Employer _____ Address _____
Phone # _____ Supervisor _____ Title _____
Starting Salary and Title _____ Ending Salary and Title _____
Reason for Leaving _____
May we contact this employer for reference? Yes__ No__

Date of employment: From _____ To _____ Position Held _____
Employer _____ Address _____
Phone # _____ Supervisor _____ Title _____
Starting Salary and Title _____ Ending Salary and Title _____
Reason for Leaving _____
May we contact this employer for reference? Yes__ No__

Date of employment: From _____ To _____ Position Held _____
Employer _____ Address _____
Phone # _____ Supervisor _____ Title _____
Starting Salary and Title _____ Ending Salary and Title _____
Reason for Leaving _____
May we contact this employer for reference? Yes__ No__

Summarize Your Special Skills or Qualifications:

I certify that my answers are true and complete to the best of my knowledge, I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____