



EXCELLENCE IN FAMILY DENTISTRY

APPLICATION FOR EMPLOYMENT

DATE: _____

Timberlane Dental Group is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry, age, or sexual orientation. In addition, Timberlane Dental Group does not discriminate against qualified individuals with disabilities.

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____
 LAST FIRST MIDDLE

PRESENT ADDRESS _____
 STREET CITY STATE ZIP

PERMANENT ADDRESS _____
 STREET CITY STATE ZIP

TELEPHONE (HOME) _____ (CELL) _____ (WORK) _____

ARE YOU 18 YEARS OR OLDER? ____ YES ____ NO

IN CASE OF EMERGENCY NOTIFY _____
 NAME ADDRESS PHONE NO.

IF NECESSARY, BEST TIME TO CALL YOU AT HOME IS _____ AM _____ PM

MAY WE CONTACT YOU AT WORK? ____ YES ____ NO BEST TIME TO CALL _____ AM _____ PM

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE COUNTRY? ____ YES ____ NO
 (Proof of U.S. citizenship or immigration status will be required upon employment.)

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF THE LAW OTHER THAN A MINOR TRAFFIC VIOLATION? ____ YES ____ NO
 IF YES, PLEASE EXPLAIN: _____

EMPLOYMENT DESIRED

POSITION _____ SALARY DESIRED _____ DATE AVAILABLE TO START _____

WILL YOU WORK OVERTIME IF REQUIRED ____ YES ____ NO

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU APPLIED TO WORK WITH US BEFORE? _____ IF YES, WHEN? _____

HOW DID YOU HEAR ABOUT TIMERLANE DENTAL GROUP/ THIS POSITON? _____

EDUCATION

NAME AND ADDRESS	NO. OF YEARS COMPLETED?	DID YOU GRADUATE?
HIGH SCHOOL _____		
COLLEGE _____		
OTHER (specify) _____		

SUBJECTS OF SPECIAL STUDY, TRAINING OR SPECIAL SKILLS: _____

FORMER EMPLOYERS (most recent employment first)

1. NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____ HOURLY RATE OF PAY _____ HOURS PER WK _____
MONTH YEAR MONTH YEAR

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME AND TITLE OF SUPERVISOR _____ PHONE NO. _____

DESCRIPTION OF WORK _____ REASON FOR LEAVING _____

2. NAME AND ADDRESS OF EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____ HOURLY RATE OF PAY _____ HOURS PER WK _____
MONTH YEAR MONTH YEAR

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME AND TITLE OF SUPERVISOR _____ PHONE NO _____

DESCRIPTION OF WORK _____ REASON FOR LEAVING _____

3. NAME AND ADDRESS OF EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____ HOURLY RATE OF PAY _____ HOURS PER WK _____
MONTH YEAR MONTH YEAR

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME AND TITLE OF SUPERVISOR _____ PHONE NO. _____

DESCRIPTION OF WORK _____ REASON FOR LEAVING _____

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.

DO NOT CONTACT: EMPLOYER NUMBER(S) _____ REASON _____

REFERENCES: GIVE BELOW THE NAMES OF **THREE** PERSONS NOT RELATED TO YOU, WHOM YOU HAVE WORKED WITH PREVIOUSLY.

NAME ADDRESS YEARS ACQUAINTED PHONE NO.

1. _____

2. _____

3. _____

SERVICE RECORD: BRANCH OF SERVICE _____ DISCHARGE DATE _____ RANK _____

DESCRIBE ANY TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING. _____

AUTHORIZATION

I certify that all the information submitted by me on this application is true and complete. I understand that falsification, misrepresentation or omission of requested facts may result in denial of employment or, if employed may result in immediate dismissal. I authorize Timberlane Dental Group to verify the accuracy of the information provided herein, and I authorize former employers, educational institutions to release information concerning me to Timberlane Dental Group.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company.

DATE _____ SIGNATURE _____