

# Employment Application



## PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Daytime or primary telephone number \_\_\_\_\_

Evening or secondary telephone number \_\_\_\_\_

E-mail \_\_\_\_\_

Present street address \_\_\_\_\_

City State Zip Code

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Previous street address \_\_\_\_\_

City State Zip Code

How long did you live at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Mailing address if different than above \_\_\_\_\_

City State Zip Code

Position(s) you are applying for? \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Date you are first available to begin work? \_\_\_\_\_

Minimum starting salary you will accept? \_\_\_\_\_

- YES  NO Are you legally eligible to work in the U.S.A.?
- YES  NO Have you ever worked for this company?  
If YES, provide employment dates and locations \_\_\_\_\_
- YES  NO Do you have reliable transportation? If NO, please explain \_\_\_\_\_
- YES  NO Do you have any obligations or limitations which, on occasion, may limit your ability to perform your job during any workday or any work shift? If YES, please explain \_\_\_\_\_
- YES  NO Have you ever been convicted of a felony?  
If YES, please explain \_\_\_\_\_
- YES  NO Have you been terminated or asked to resign from any job?  
If YES, please explain \_\_\_\_\_
- YES  NO Have you ever been a member of the United States Uniformed Services?  
If YES, please provide dates, branch, and rank \_\_\_\_\_

# EMPLOYMENT HISTORY

Please list your last four positions, or the last 10 years of employment, beginning with the most recent (or current). A resume may be included, but this section must be completely filled out for consideration for any position.

Current employer _____	Address _____
Name of Supervisor _____	Telephone number _____
Job title _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Dates employed: from _____ to _____
Duties _____	
What did you like best about this job? _____	
What did you like least about this job? _____	
Reason for leaving? _____	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Past employer _____	Address _____
Name of Supervisor _____	Telephone number _____
Job title _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Dates employed: from _____ to _____
Duties _____	
What did you like best about this job? _____	
What did you like least about this job? _____	
Reason for leaving? _____	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Past employer _____	Address _____
Name of Supervisor _____	Telephone number _____
Job title _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Dates employed: from _____ to _____
Duties _____	
What did you like best about this job? _____	
What did you like least about this job? _____	
Reason for leaving? _____	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Past employer _____	Address _____
Name of Supervisor _____	Telephone number _____
Job title _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Dates employed: from _____ to _____
Duties _____	
What did you like best about this job? _____	
What did you like least about this job? _____	
Reason for leaving? _____	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

# EDUCATION/TRAINING HISTORY

High School \_\_\_\_\_ Address \_\_\_\_\_  
Course of study \_\_\_\_\_ Did you graduate?  YES  NO  
If not, do you have a GED or equivalent?  YES  NO Explain \_\_\_\_\_  
University/College/Trade School \_\_\_\_\_ Address \_\_\_\_\_  
Degree/course of study \_\_\_\_\_ Did you graduate?  YES  NO  
Do you have a current Healthcare Provider CPR Certification?  YES  NO  
If YES, please list the expiration date \_\_\_\_\_ (If hired, this card will need to be produced at employee orientation)  
List any other study or any skills that you feel provide you with knowledge and or abilities that would be an asset in performing the duties of the position you are applying for: \_\_\_\_\_  
\_\_\_\_\_

# PERSONAL/PROFESSIONAL REFERENCES

Please give complete information and do not include past employers or family members.

Name \_\_\_\_\_ Telephone number \_\_\_\_\_  
Email Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone number \_\_\_\_\_  
Email Address \_\_\_\_\_ Relationship \_\_\_\_\_

# MEMBERSHIPS

List any memberships in any professional, trade or civic organizations. (Please exclude those which may disclose information about you such as race, color, religion, or national origin.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICANT'S STATEMENT

I understand that this Employment Application is not a promise of employment. If hired, my employment with AccuCare Dental Centers, PC is "**at-will**," meaning that both the company and I have the right to terminate the employment relationship at any time, with or without cause or notice.

I understand that AccuCare Dental Centers, PC only hires legally authorized workers and will require proof of identity and eligibility upon hire. I acknowledge that the practice is a **smoke-free environment** and that all employees are paid exclusively via **direct deposit**, requiring account information upon hire.

I authorize AccuCare Dental Centers, PC to investigate all statements in this application. I understand that, in compliance with the **Fair Credit Reporting Act**, the company may obtain reports including employment/education verification, DMV records, and criminal/civil court history. I release all parties from liability for furnishing such information.

I understand that AccuCare Dental Centers, PC reserves the right to require drug and/or alcohol testing prior to or during employment. I certify that all information provided on this application, attached resume, or by means of a personal interview, is true, complete, and accurate. Any misrepresentation or material omission may result in disqualification or dismissal.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

## WE ARE AN EQUAL OPPORTUNITY EMPLOYER

*AccuCare Dental Centers, PC provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, or disability, in accordance with applicable Federal and State laws.*