

Winston-Salem Dental Care

Equal Opportunity Employer

Application for Employment

Only completed and signed applications will be evaluated. Applications containing incomplete or "see résumé" responses will not be processed.

PERSONAL INFORMATION

NAME

Last

First

Middle

CURRENT ADDRESS

Street

City

State

Zip

HOME PHONE

CELL PHONE

WORK PHONE

POSITION FOR WHICH YOU ARE APPLYING

AVAILABILITY: FULL TIME PART TIME TEMP.

DATE AVAILABLE TO START

ARE YOU UNDER AGE 18? Y N

HAVE YOU APPLIED HERE BEFORE? Y N WHEN?

IF HIRED, CAN YOU FURNISH PROOF OF ELIGIBILITY TO WORK IN U.S.? Y N

REFERRED BY: NEWSPAPER ONLINE POSTING FRIEND/RELATIVE OTHER:

DO YOU HAVE ANY RELATIVES OR FRIENDS WORKING HERE? Y N NAME:

OTHER NAME(S) BY WHICH YOU HAVE BEEN KNOWN

HAVE YOU EVER BEEN FIRED FROM A JOB OR ASKED TO RESIGN? Y N IF YES, EXPLAIN.

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Y N

A conviction does *not* automatically exclude you from consideration for employment.

EDUCATION

HIGHEST LEVEL COMPLETED:

GRADES
 9 10 11 12

YRS COLLEGE
 1 2 3 4

MAJOR / DEGREE /
CERTIFICATE

HIGH SCHOOL NAME & LOCATION or GED

COLLEGE NAME & LOCATION

POST GRADUATE DEGREES

SCHOLASTIC HONORS & PROFESSIONAL ORGANIZATIONS

OTHER CERTIFICATION OR LICENSE THAT CONTRIBUTES TO YOUR QUALIFICATIONS

EXPERIENCE

Please list your last three employers, beginning with the most recent. You may submit a résumé to *supplement* information given.

EMPLOYER NAME		
ADDRESS		
PHONE	SUPERVISOR	
REASON FOR LEAVING		
DATES EMPLOYED	to	FINAL POSITION
FINAL SALARY \$	per	DUTIES

EMPLOYER NAME		
ADDRESS		
PHONE	SUPERVISOR	
REASON FOR LEAVING		
DATES EMPLOYED	to	FINAL POSITION
FINAL SALARY \$	per	DUTIES

EMPLOYER NAME		
ADDRESS		
PHONE	SUPERVISOR	
REASON FOR LEAVING		
DATES EMPLOYED	to	FINAL POSITION
FINAL SALARY \$	per	DUTIES
TYPES OF EQUIPMENT AND SOFTWARE WITH WHICH YOU ARE PROFICIENT		

Please provide three references that we can contact and who are able to evaluate your professional knowledge and abilities:

NAME	PHONE
TITLE	COMPANY
ADDRESS	

NAME	PHONE
TITLE	COMPANY
ADDRESS	

NAME	PHONE
TITLE	COMPANY
ADDRESS	

Have you ever been employed by Winston Salem Dental Care in the past? Y N

What is your Expected Salary \$ _____

CERTIFICATION	<i>Read carefully before signing.</i>
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I certify that the information I have provided on this Application for Employment is true and complete. I have had an opportunity to review/discuss the job requirements for this position and I can perform the essential functions of the job, with or without reasonable accommodation. I understand and agree that employment with this Company, if offered, may be immediately discontinued if misrepresentation, false statements or material omissions are found to have been made. I hereby authorize educational institutions, former employers and former supervisors to provide any and all information pertinent to my being considered for employment and hereby release those providing such information from any liability for doing so. I agree to submit to a medical exam and drug test before starting work and at any time deemed appropriate by the Company. I understand that employment, if offered, is contingent upon negative drug screening results and acceptable background check. Proof of identity and employment eligibility for completion of a Form I-9 will be required, as well as additional information necessary for employee record purposes. I understand that, to the extent permitted by law, my employment or continued employment is contingent upon satisfactory medical examinations and drug test. If employed, the Company or I may terminate the employment relationship at any time, with or without cause, with or without notice, and that, if employed, employment does not constitute a contract of employment between myself and the Company. If employed, I will abide by and conform to all Company policies, rules and procedures as may be in effect from time to time. I understand that this application will become inactive in sixty days unless reactivated by me in person or in writing. I understand that, upon request, I will be provided a copy of my signed Application for Employment. I have read the above, understand its content and meaning, and agree to all of its provisions.

APPLICANT'S SIGNATURE _____ DATE _____