



Employment Application

Date of Application:	Position Applied for:	
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Personal Information

Full Name		Social Security Number		Email Address	
Address (Number and Street)					
City		State		Zip	
Home Phone		Business Phone		Driver's License Number	
		Other Phone			
Previous Address (Number and Street)					
City		County	State	Zip Code	Number of years at this address

Are you at least 18 years of age? Yes No

Have you ever been convicted of or pled guilty or no contest to a crime, other than a minor traffic violation? (Note: A DUI is not considered a minor traffic violation.) Yes No

If yes or unsure, describe in detail. (Not all convictions will bar employment. Each case will be reviewed on its own merit.)

Do you have any relatives now employed with DENZINGER FAMILY DENTISTRY?

Yes No If yes, please provide the following:

Name of Relative	Relationship
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Have you ever applied to or worked for DENZINGER FAMILY DENTISTRY?

Yes No If yes, please explain: _____

If hired, on what date would you be available to start work? _____

What position status are you seeking? Full-time Part-time Temporary

Skills and Education

High School/GED:	Name	City/State	Degree Obtained	No. Years Attended
College:	Name		City/State	
	Major/Minor	Degree Obtained	No. Years Attended	
Post Graduate:	Name		City State	
	Major/Minor	Degree Obtained	No. Years Attended	
Other:	Name		City State	
	Major/Minor	Degree Obtained	No. Years Attended	

Licenses/Professional Designations: _____

Please list any areas of specialization: _____

Please provide any other information you feel is pertinent to your ability to perform the job for which you are applying, including experience or skills obtained in the U.S. Military Service.

How were you referred to DENZINGER FAMILY DENTISTRY?

- | | | |
|---|--|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Former Employee | <input type="checkbox"/> Temporary Service |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Internet | <input type="checkbox"/> Other Source |
| <input type="checkbox"/> College Recruiting | <input type="checkbox"/> Job Fair | <input type="checkbox"/> LouisvilleWorks.com |
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> State Job Service | <input type="checkbox"/> Other (please specify) |

Employment History

Please complete entire section, listing your employment history for at least the last **5 years**, even if you have submitted your resume. Start with your current or most recent position and include any temporary or part-time jobs. Please continue on a separate sheet of paper if necessary.

Name & Address of Employer	
Telephone Number	Dates of Employment
Name & Title of Supervisor	Title of Your Position
Brief Description of Your Duties:	
Starting Salary: Bonus or Incentive Opportunity:	Ending Salary: Bonus or Incentive Opportunity:
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain	Reason for leaving:
Name & Address of Employer	
Telephone Number	Dates of Employment
Name & Title of Supervisor	Title of Your Position
Brief Description of Your Duties:	
Starting Salary: Bonus or Incentive Opportunity:	Ending Salary: Bonus or Incentive Opportunity:
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain	Reason for leaving:
Name & Address of Employer	
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Starting Salary: Bonus or Incentive Opportunity:	Ending Salary: Bonus or Incentive Opportunity:
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain	Reason for leaving:
Name & Address of Employer	
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Name & Title of Supervisor	Title of Your Position
Brief Description of Your Duties:	
Starting Salary: Bonus or Incentive Opportunity:	Ending Salary: Bonus or Incentive Opportunity:
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain	Reason for leaving:

References

Please provide the name, address and phone number of three professional references who are not related to you and are previous supervisors:

Name	Address	Phone Number
1.		
2.		
3.		

General Terms and Conditions 1986 Immigration Reform and Control Act

DENZINGER FAMILY DENTISTRY takes seriously its responsibility under the Immigration Reform and Control Act of 1986 to hire only persons authorized to work in the United States. As a condition of employment, I understand that I will be required to furnish proof of my identity and authority to work in the U.S. as required by law.

Do you have the legal right to work in the U.S.?

Yes No (Do not attach any documentation at this time)

Signature of Applicant

Date

Applicant's Certification and Release of Liability

I hereby certify that the information I have provided on this application and its attachments is true and correct to the best of my knowledge and that no attempt has been made by me to conceal any pertinent information. I understand that any material error or omission of information may constitute grounds for denial of employment or subject me to termination at any time during my employment.

Unless otherwise noted on this application, I authorize my previous employers, references, and other persons or institutions noted on this application to provide DENZINGER FAMILY DENTISTRY with any information they may have regarding me, including but not limited to employment history, including salary information. I agree to release and hold harmless all persons supplying the information to DENZINGER FAMILY DENTISTRY and its affiliates, agents and employees, for any and all liabilities arising out of their investigation of my application for employment.

I understand that my application is being considered only for the specific position for which I have applied, and that my application will remain active for no more than sixty (60) days. If I am not hired for this position and subsequently become interested in any future job opportunities that may become available, I will need to reapply.

I further agree that if hired, I will be required to comply with all policies, rules and regulations of DENZINGER FAMILY DENTISTRY. I understand DENZINGER FAMILY DENTISTRY's policies, rules, regulations and benefits may be changed, modified, deleted or added to by it at any time at its sole option and without prior notice.

I understand that if I become a final applicant, additional screening prior to hire may include personal and/or professional references, drug screen, criminal background check, motor vehicle or driving record check, and/or verification of social security number. I hereby consent to these screens and understand that if DENZINGER FAMILY DENTISTRY withholds an offer of employment from me based solely upon information provided by any of these checks, that I will be provided with that information, the name, address and telephone number of the company providing such background information and an opportunity to correct such information if it is inaccurate.

I acknowledge and agree that if hired, my employment is at will. My employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either DENZINGER FAMILY DENTISTRY or me. Furthermore, no oral or written representations made, regardless of who makes them, shall be effective to modify these terms and conditions so as to create any agreement of employment, either expressed or implied. I agree that I am not guaranteed any term of employment for any specified period of time or contrary to the terms and conditions stated herein.

A photocopy of this authorization shall have full force and effect of the original.

Signature of Applicant

Date