

INSTRUCTIONS FOR APPLICATION FORM FOR FIRST FAMILY DENTAL

- 1, Ensure that accurate and detailed information is provided.
2. Do not indicate refer to resume for any of the questions
3. Please provide all past employment history, do not leave any information out as this can be grounds for releasing employee after the screening process should incorrect information be provided. You have 17 pages for past employment history, should you require additional papers kindly indicate so.
4. Ensure that **ALL PAST EMPLOYEMENT INCLUDING TEMPORARY, HOLIDAY , PART TIME, VOLUNTEER AND FULL TIME EMPLOYEMENTS ARE LISTED.**
5. Sign and date the application

Employment Application Applicant Information

Full Name: (Last First M.I.)

Date:

Address: (Street Address Apartment/Unit #)

City State ZIP Code

Phone: () _____ E-mail: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$

Position Applied for: _____

Are you a citizen of the United States?

YES

NO If no, are you authorized to work in the U.S.?

YES

NO

Have you ever worked for this company?

YES

NO

If yes, when? _____

If yes, explain:

Education

High School: _____ City/St: _____

Did you graduate?

YES

NO

Degree: _____

College: _____ Address: _____

From: ____ To: ____

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Did you graduate?

YES

NO

Degree: _____

Other: _____ Address: _____

From: ____ To: ____ Did you graduate?

YES

NO

Degree: _____

References

Please list three professional references. (State where you worked with each reference and for how long)

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities:

From: _____ To: _____ Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities:

From: _____ To: _____ Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities:

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From: _____ To: _____ Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I further understand that any employment that is offered to me will be at-will and that this application does not create or imply a contract for employment.

Signature:

Date: