

EMPLOYMENT APPLICATION

It is the intent and resolve of Modern Dental Care to comply with state and federal requirements, and to operate within the law in the implementation of all facets of equal opportunity. In the recruitment, selection, training, promotion, termination, or any other personnel action, there will be no discrimination on the basis of race, creed, color, religious belief, age, gender, national origin, marital status, membership in the national guard, state defense or any reserve component of the military forces of the United States. Please do not include information of this nature in the application.

Full Name:	Home Phone:	Work Phone:
Street Address:	City:	State: Zip:
How did you learn about Modern Dental Care?	Position applying for:	
Have you ever applied with Modern Dental Care before? If yes, please list position applied for and the date:	Are you legally authorized to work in the United States? () Yes () No	Hourly Wage or Salary Desired:
Type of work you are applying for: () Full Time () Part Time - Number of hours available per week? () Temporary Please list any days/ hours that you will not be available for employment:	Date you are available for work?	Foreign languages in which you are fluent:
Have you been convicted of a felony in the past 7 years? () Yes () No (Information used only as it pertains to the position for which you are applying) If yes, please explain:		

Please Complete Education Section if Job Related.

Education	School Name	Degree or Course of Study	Years Completed	Graduated?
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High School				() Yes () No
College				() Yes () No
Vocational				() Yes () No
Other				() Yes () No

EMPLOYMENT HISTORY
(Please start with your present or last employer include military service and/or volunteer activities if job related only.)

Employer Name:	Starting Wage:	Final Wage:	Dates Employed (Month/Year) From: / To: /	
Address:	City:	State:	Zip:	
Telephone number(s):	Job Title:	Supervisor:		
Reason For Leaving:				
Job Duties and Tasks Performed				

Employer Name:	Starting Wage:	Final Wage:	Dates Employed (Month/Year) From: / To: /	
Address:	City:	State:	Zip:	
Telephone number(s):	Job Title:	Supervisor:		
Reason For Leaving:				

Job Duties and Tasks Performed

Employer Name:	Starting Wage:	Final Wage:	Dates Employed (Month/Year) From: / To: /	
Address:	City:		State:	Zip:
Telephone number(s):	Job Title:		Supervisor:	

Reason For Leaving:

Job Duties and Tasks Performed

Please list additional skills not already represented on this application:

STATEMENT OF DISCLOSURE:

I hereby declare that all statements contained in this application are true and correct and I understand that false, inaccurate, or incomplete information, or omissions on the application will be basis for rejection, or may be cause for subsequent termination if I am hired. I hereby authorize Modern Dental Care to investigate my background and verify this information. I understand that, if employed, my employment will not be for any fixed period of time and may be terminated by Modern Dental Care or myself at any time. I also understand that my failure to report to work will indicate that I have quit.

REFERENCE RELEASE FORM:

I voluntarily and knowingly authorize any former employer, person, firm corporation, school or government agency, its officers, employees and/or agents to release any and all information concerning my former employment, education, and/or background information to Modern Dental Care, its officers, employees, and/or agents, making a written or oral request for such information. I understand that the information may include, but is not limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, grades, and opinions regarding my suitability for employment possessed by it. I recognize that a copy of this authorization and release is as valid as the original and should be considered as such.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from the disclosure or release; except for the malicious and willful disclosure of derogatory facts which the officer, employee, or agent disclosing such facts knows are untrue.

Signature of Applicant

Date

Should you be interested in applying for any future positions, please feel free to do so.
Thank you for your time and interest in Modern Dental Care

