

Lake Sarah Dental PLLC Application for Employment

This practice does not discriminate against applicants on the basis of race, sex, color, religion, national origin, age, disability, or veteran status. We are an Equal Opportunity Employer.

Personal Information:

Name: _____
Social Security No: _____ Telephone: _____
Address: _____
Email: _____
Are you at least 18 years of age? _____ Are you eligible to work in U.S.? _____

Position Information:

Title of position: _____ Salary desired: _____
How did you hear about this position? _____
Date available for work: _____
Type of work desired (ie. Full time, part-time, etc.): _____
List special skills, CE coursework, and experience related to this position:

Education:

High School: _____ Graduation Date: _____
College: _____ Date: _____ Degree: _____
Additional Education: _____ Date: _____ Degree: _____
Additional Skills and Training:

Work History (use additional sheets if necessary):

Company Name: _____ Dates: _____ Position: _____
Address: _____ Phone: _____
Supervisor: _____ Pay Rates: _____
Duties: _____ Reason for leaving: _____

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Supervisor: _____ Pay Rates: _____
Duties: _____ Reason for leaving: _____

References (Please list three, two professional, one choice):

**Lake Sarah Dental PLLC
Application for Employment**

Professional (Non-Family-Supervisors, Past Employers, Faculty, Coworkers within dental field):

Name: _____ Years Acquainted: _____

Title: _____ Phone: _____

Address: _____

Name: _____ Years Acquainted: _____

Title: _____ Phone: _____

Address: _____

Choice (non-family):

Name: _____ Years Acquainted: _____

Address: _____

Phone: _____

***Please attach resume or CV.**

Applicant's Statement (please read and sign below.)

I understand that this employment application and any other Practice documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period for ninety (90) days from the date of my hiring. I understand that, if I am employed, I can terminate my employment with or without cause and with or without notice, at any time and the Practice has a similar right.

I grant permission to the Practice or its duly authorized representatives to contact any persons, companies, schools, or healthcare providers named or referred to in the application (other than my present employer) and I hereby authorize those persons, companies, schools, and healthcare providers to provide my record, reason for leaving and all other information they have concerning me to the Practice. I further release all such parties and the Practice from any and all liability claims of damage whatsoever that may result from such contact or information.

The information given by me in this application is true and complete, and I agree that if the information is found to be false or misleading, that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

Signature of applicant: _____ Date: _____