



Employment Application

Personal Information

First Name: _____ Middle Initial: ____ Last Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

DOB: _____ SS#: _____ - _____ - _____

Are you currently employed? _____ If so, what is your current rate? _____

How far are you willing to travel? _____

Who do we contact in the event of an emergency?

Name: _____ Phone #: _____ Relationship: _____

Employment Information

Please select the position you are applying for:

Front Office Hygienist Assistant

Full Time Part Time Temporary

Employment Experience (List all with most recent first)

Place of Employment: _____

Dates of Employment: Start Date _____ to End Date _____

Immediate Supervisor Name: _____

Phone #: _____ Address: _____

Job Position: _____

Duties: _____

Beginning Rate: _____ End Rate: _____

Reason for leaving: _____

May we contact this employer? _____

Place of Employment: _____
Dates of Employment: Start Date _____ to End Date _____
Immediate Supervisor Name: _____
Phone #: _____ Address: _____
Job Position: _____
Duties: _____

Beginning Rate: _____ End Rate: _____
Reason for leaving: _____
May we contact this employer? _____

Place of Employment: _____
Dates of Employment: Start Date _____ to End Date _____
Immediate Supervisor Name: _____
Phone #: _____ Address: _____
Job Position: _____
Duties: _____

Beginning Rate: _____ End Rate: _____
Reason for leaving: _____
May we contact this employer? _____

Education

School: _____
Address: _____
Degree/Certification: _____
Graduated? _____ If so, year? _____

School: _____
Address: _____
Degree/Certification: _____
Graduated? _____ If so, year? _____

School: _____
Address: _____
Degree/Certification: _____
Graduated? _____ If so, year? _____

Other

Have you ever been convicted of a felony? _____ If yes, please explain:

Are you a US Citizen? _____ If no, do you have the right to work in the US? _____

How did you hear about the position you are applying for? _____

Name: _____ Date: _____

Signature: _____

Office Notes:

