

EMPLOYMENT APPLICATION

Kids Care Dental Group

Please print

Date Last Name First Name M.I.

Present Address:

Street City State Zip

Permanent Address (if different from present address):

Street City State Zip

Home Phone Other Phone

Position Applying For: _____ Desired Hourly Rate: _____

Are you applying for: Regular full time work Regular part time work Temporary work

What days and hours are you available for work? _____

Are you available for work on Saturdays? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? _____

How did you hear of this position? _____

Are you at least 18 years old? Yes No

Do you have any friends or relatives working for Kids Care Dental Group? Yes No

If yes, state name(s) and relationship:

Name	Relationship
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Name	Relationship
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If hired, do you have reliable means of transportation to and from work? Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

School	Name and Address	# of years Completed	Did you Graduate?	Degree or Diploma
High School	<hr/> Name <hr/> Street Address	<hr/>	<hr/>	<hr/>
	<div style="display: flex; justify-content: space-between;"> City State Zip </div>			
College/ University	<hr/> Name <hr/> Street Address	<hr/>	<hr/>	<hr/>
	<div style="display: flex; justify-content: space-between;"> City State Zip </div>			
Vocational/ Business	<hr/> Name <hr/> Street Address	<hr/>	<hr/>	<hr/>
	<div style="display: flex; justify-content: space-between;"> City State Zip </div>			

Many of our patients do not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, which languages(s)? _____

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at Kids Care Dental Group? Yes No

If so, please explain: _____

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____ Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

References

List below three persons not related to you who have knowledge of your work performance within the last 3 years.

_____ Name	_____ Telephone	_____ Occupation	_____ # yrs acquainted
_____ Name	_____ Telephone	_____ Occupation	_____ # yrs acquainted
_____ Name	_____ Telephone	_____ Occupation	_____ # yrs acquainted

Employment History

List below all present and past employment for the past 10 years starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if you are attaching a resume.

_____ Name of Employer		_____ Telephone #	_____ Type of Business		
_____ Street		_____ City	_____ State	_____ Zip	
Employment Dates: _____		Hourly Rate: _____		_____	
_____ From	_____ To	_____ Starting	_____ Ending	_____ Your Supervisor's Name	

Your Position and Duties

Reason For Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer

Telephone #

Type of Business

Street

City

State

Zip

Employment Dates: _____ Hourly Rate: _____

From To

Starting

Ending

Your Supervisor's Name

Your Position and Duties

Reason For Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer

Telephone #

Type of Business

Street

City

State

Zip

Employment Dates: _____ Hourly Rate: _____

From To

Starting

Ending

Your Supervisor's Name

Your Position and Duties

Reason For Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer

Telephone #

Type of Business

Street

City

State

Zip

Employment Dates: _____ Hourly Rate: _____
From To Starting Ending Your Supervisor's Name

Your Position and Duties

Reason For Leaving _____

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

Please read carefully, initial each paragraph and sign below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment
Initials and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Kids Care Dental Group to thoroughly investigate my references, work record, education and
Initials other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Kids Care Dental Group, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during
Initials my employment, if hired, is intended to create an employment contract between me and Kids Care Dental Group. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Kids Care Dental Group, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and Kids Care Dental Group's designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action,
Initials tax lien or outstanding judgment) be conducted by internal personnel employed by Kids Care Dental Group, I am entitled to copies of any such public records obtained by Kids Care Dental Group unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

_____ **Date**

_____ **Applicant's Signature**