



Employment Application

Name _____ Social Security # _____ Date _____

Address _____ City _____ State _____ Zip _____

Cell # _____ Home # _____ Email _____

How did you hear about us?

Word of mouth Social Online Ads Google Blog

Are you currently employed? **Yes No**

Employment Information:

Position desired _____ Salary desired _____ Date you can start _____

Are you applying for: **Full Time / Part-Time** Hours per Week? _____

Days you are available to work: MON TUES WED THURS FRI SAT (Circle all that apply)

(Business hours start approximate 8:30am-5:30pm MON-FRI and SAT (8:00am-2:00pm))

Is there any reason you might not arrive to work each day? **Yes No** _____

Have you given notice to your present employer? **Yes No** _____

What is your anticipated length of employment with us? _____

Have you ever been discharged by an employer? **Yes No** _____

Have you ever been convicted of Fraud? **Yes No** _____

Have you been known by any another name? **Yes No** _____

What languages are you fluent in? _____

Experience and skills: (Circle all that apply)

Dental Assistant Receptionist CPR Certification X-Ray Certification Fee Processing

Insurance Processing Other _____

Education: (Fill out where applicable)

Name of High School _____ years attended _____

Name of College _____ years attended _____

Trade School _____ years attended _____

*Date of employment: _____

Company: _____ Position: _____

Supervisor Name: _____ & number to be reached _____

*Date of employment: _____

Company: _____ Position: _____

Supervisor Name: _____ & number to be reached _____

*Date of employment: _____

Company: _____ Position: _____

Supervisor Name: _____ & number to be reached _____

Do you have any conditions that could (1) limit your ability to perform this job, or (2) be aggravated by this job?

Yes No

If hired, are you willing to provide your medical history and take a physical exam including a drug/alcohol screening?

Yes No

Are you taking any medications that could limit your ability to perform this job?

Yes No

Have you had the proper immunizations for this position?

Yes No

Authorization: "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal and otherwise, and releasing the company from all liability for any damages that may result from utilization of such information. I give consent to P.E to complete a background check once an interview has been complete for possible employment."

"I also understand and agree that the position at Professional Endodontics is considered terminable at-will by the employer and employee and that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by the doctor(s) at Professional Endodontics, P.C."

Date: _____ Signature: _____

Interviewed by: _____ Date: _____