



EMPLOYMENT APPLICATION

It is the policy of South Texas Dental to recruit and select candidates and promote on the basis of demonstrated ability, experience and training without regard to race, religion, color, sex, national origin, age, and disability, marital or veteran status.

PERSONAL INFORMATION

Last Name _____ First _____ Middle _____

Street Address _____ City, State & Zip _____

Email address _____ Telephone number _____

Are you under 18? Yes No
 If offered employment can you submit proof of your legal right to work in the U.S.? Yes No
 How were you referred to South Texas Dental? Ad Agency Walk-in Referral STD Emp. Other
 Are you related or do you know/have a relationship with anyone/person who works at South Texas Dental?
 Yes or No
 If yes, please state name and relationship _____

POSITION/SKILLS

Position Desired _____ Salary Desired _____
 Full-Time Part-Time **Location Applied At:** _____ **Date Available:** _____

EDUCATION AND TRAINING

<u>Type of school</u>	<u>Name and location</u>	<u>Dates</u>	<u>Date Graduated</u>	<u>Degree</u>	<u>Major</u>	<u>GPA</u>
High School	_____	////////////////////////////////////				
College	_____					
Graduate	_____					
Other	_____					

Other education, vocational training, or special skills (include military school)

EMPLOYMENT HISTORY:

Please complete fully and accurately. Begin with your most recent or present employment.

TEMPS ONLY, SKIP THIS PAGE AND SIGN PG. 3

Current employer (most recent)	Address	From	To
Starting position	Last position	Starting pay	Final pay
Name of Supervisor	Title	Telephone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of duties:			
Reason for leaving:			

Employer	Address	From	To
Starting position	Last Position	Starting pay	Final pay
Name of supervisor	Title	Telephone number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of duties:			
Reason for leaving:			

Employer	Address	From	To
Starting position	Last position	Starting pay	Final pay
Name of supervisor	Title	Telephone number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of duties:			
Reason for leaving:			

Employer	Address	From	To
Starting position	Last position	Starting pay	Final pay
Name of supervisor	Title	Telephone number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of duties:			
Reason for leaving:			

