

The Dentists Who Make You Smile

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 INFO	ORMATION				
Last Name	First	Middle			
Street Address	City, St	City, State & Zip			
Email Address	Telepho	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?					
If yes, please state name and relationship					
POSITION/SKILLS	S				
Position Desired		Salary Desired			
□Full-Time □Part-T	ime Location Applied At: _	Date Available:			
EDUCATION AND TRAINING					
Type of school	Name and location	Dates Date Graduated Degree Major GPA			
College					
Graduate					
Other					
Other education, vocational training, or special skills (include military school)					
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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	То
Starting position	Last position	Starting pay	Final pay
Name of Supervisor	Title	Telephone Number	May we contact? □ Yes □ No
Description of duties:			
Reason for leaving:			
Employer	Address	From	То
Starting position	Last Position	Starting pay	Final pay
Name of supervisor	Title	Telephone number	May we contact? _□Yes □ No
Description of duties:			
Reason for leaving:			
Employer	Address	From	То
Starting position	Last position	Starting pay	Final pay
Name of supervisor	Title	Telephone number	May we contact?
Description of duties:			□ Yes □ No
Reason for leaving:			
Employer	Address	From	То
Starting position	Last position	Starting pay	Final pay
Name of supervisor	Title	Telephone number	May we contact? □ Yes □ No
Description of duties:			
Reason for leaving:			

REFERENCES Please list professional references we may contact (persons in your field who can provide information regarding your capabilities). Do not list personal references.					
Name Occupation and company	Address and telephone number				
Have you ever been arrested or charged with a felony? (Disclosure in itse for employment consideration. All circumstances will be considered.)					
Have you ever been accused of, or charged with, discrimination and/or has anyone on the basis of race, sex (including sexual harassment and same-sex disability, color, national origin, veteran's status, sexual orientation or an Personal	sex harassment), age, religion, by other basis prohibited by law?				
AGREEMENT (READ CAREFULLY BEFORE SIGNING)					
All information provided by me is true and correct to the best of my known misrepresentations may be cause for rejection, or, if I am employed may I hereby authorize South Texas Dental to contact all sources necessary to hold harmless South Texas Dental and those providing information.	be just cause for subsequent dismissal.				
I understand that issuance of this application does not indicate that there are any positions open and does not in any way obligate the company. If I am employed by the company, I agree to comply with all policies and procedures of the company as a condition of continued employment. Furthermore, my employment shall be completely voluntary and may be terminated at will, at any time upon notice by me or by the Company.					
I will regard and preserve as confidential, and will not divulge to unauthorized persons, or use for unauthorized purposes, either during or after the term of my employment, any information, matter, or things of a then secret, confidential, or private nature connected with the business or employees of the company.					
Any offer of employment that is extended to me is contingent upon the sucheck.	accessful completion of a background				
I understand that when reporting to work I will furnish proof to legally w	ork in the United States.				
Signature of applicant	Date				