



Application for Employment

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, national origin, sex, age, veteran status or disability. All hiring decisions are based solely upon the applicant's qualifications.

In order for this application to be properly evaluated, it is essential that ALL of the following questions be answered carefully and completely. PLEASE PRINT except for your signature on the last page.

Job applying for: _____ Date Available: _____

What type of employment are you seeking? Full-time Part-time Temporary/Seasonal On-call

What days are you available to work (circle all that apply): Sun Mon Tues Wed Thurs Fri Sat

What shifts are you available to work (circle all that apply): Day Evening Night

How did you find out about us? Newspaper: _____ Internet: _____

ND employee: _____ School: _____

Employment Agency: _____ Other: _____

Have you previously been employed by Neighborhood Dental? Yes No If yes, From: ____ To: _____

Name _____ Social Security No. ____-____-_____

Mailing Address _____ Unit# _____ City _____ State ____ Zip _____

Work Phone (____)____-____ Home Phone (____)____-____ Cell Number (____)____-____

Are you 16 years of age or older? Yes No

If hired, can you furnish proof that you are eligible to work in the U.S.? Yes No

Have you ever been convicted of a felony? Yes No

If yes, describe in full (*a conviction does not necessarily disqualify the applicant from employment*):

Do you have the ability to perform the basic functions of the job for which you are applying with or without reasonable accommodation? Yes No

List any special skills, attributes, certifications or qualifications which you believe should be considered regarding this application for employment:

EDUCATION (print information for each school attended)

Schools	City and State	Graduated	Dates Attended	Degree	Major Course of Study
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Voc., Tech or Bus. School		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT HISTORY

List your **current or last** employer first and **include ALL prior employers** (if you need more space, please attach an additional sheet). Please account for all gaps and periods of unemployment; if self employed provide company name and business references.

Dates - Mo/Yr		Employer	Address	Occupation Held
From:		Company:	Street:	Title/Description:
To:				
Type of Business:		Supervisor:	City, State, Zip	
		Phone:		
		Reason for Leaving:		Final Wage/Salary:
Dates - Mo/Yr		Employer	Address	Occupation Held
From:		Company:	Street:	Title/Description:

To:				
Type of Business:		Supervisor:	City, State, Zip	
		Phone:		
		Reason for Leaving:		Final Wage/Salary:
Dates – Mo/Yr		Employer	Address	Occupation Held
From:		Company:	Street:	Title/Description:
To:				
Type of Business:		Supervisor:	City, State, Zip	
		Phone:		
		Reason for Leaving:		Final Wage/Salary:

Dates – Mo/Yr		Employer	Address	Occupation Held
From:		Company:	Street:	Title/Description:
To:				
Type of Business:		Supervisor:	City, State, Zip	
		Phone:		
		Reason for Leaving:		Final Wage/Salary:

May we contact your present employer? Yes No

REFERENCES

Have you ever been fired from a job or asked to resign? Yes No If yes, please explain:

Give three (3) professional references (not relatives) who are familiar with your work skills and abilities:

Name: _____ Profession: _____

Phone Number: (____) _____ - _____ Best time to reach him/her: _____

How long have you known this person? _____

Name: _____ Profession: _____

Phone Number: (____) _____ - _____ Best time to reach him/her: _____

How long have you known this person? _____

Name: _____ Profession: _____

Phone Number: (____) _____ - _____ Best time to reach him/her: _____

How long have you known this person? _____

APPLICANT'S AGREEMENT

(Please read the following statements carefully)

I hereby affirm that the information provided in this employment application is true and complete to the best of my knowledge. I understand that any falsified information, misrepresentations or omissions may disqualify me from further consideration for employment or may result in dismissal if discovered at a later date. I understand that if I am hired, the information given in this application will become part of my personnel record.

I authorize Neighborhood Dental to make a thorough investigation of my previous employment, education and background in connection with its consideration of my application. I authorize any person, agency, institution, company or other entity to give Neighborhood Dental any and all information they may have, and I release all parties from liability for any damages that may result from furnishing any of this information to Neighborhood Dental. I also indemnify Neighborhood Dental against any liability which might result from the investigation or inquiry it makes, or in connection with the information which it receives.

I agree that, if employed, I will abide by the policies, procedures, rules, and regulations of Neighborhood Dental. I agree that if I am hired, my employment with the company will be on an at-will basis. I understand that this means that my employment can be terminated with or without cause and with or without notice any time by me or by Neighborhood Dental, and that my employment with Neighborhood Dental will continue only for as long as Neighborhood Dental desires my services. I understand that no representative of the Company has any authority to make any oral or implied agreement contrary to the foregoing and that no course of conduct by the Company or its representatives will alter the at-will nature of my employment. I also understand that, if employed wages and benefits provided or paid to me do not alter the at-will nature of my employment. I understand that, if employed, the at-will nature of my employment can only be modified by an express written agreement specifically intended to modify the at-will nature of my employment.

I agree that, if hired, any money I owe Neighborhood Dental may be deducted from any monies I am due including, but not limited to, wages, bonuses and vacation pay.

I understand that it is a violation of Neighborhood Dental policy for any employee to sell, distribute, manufacture, dispense, possess, use, purchase, or have in his or her system a prohibited level of alcohol or drugs while on Neighborhood Dental premises or during working hours. I further understand that I may be required to submit to drug tests in connection with applying for employment with the Neighborhood Dental and that if I am hired, there may be circumstances under which I may be required to submit to drug and alcohol tests in accordance with Neighborhood Dental policy. I understand that if I am required to undergo such tests, passing such tests is a condition of my employment. I also understand that refusal to submit to, or cooperate fully with, the administration of an alcohol or drug test will result in my disqualification from or termination of employment and that any attempt to invalidate or circumvent the drug or alcohol tests will result in disqualification or termination.

I understand that this application will be in effect for 90 days from the date indicated below and that if employment is not offered within the 90 day period, I must reapply to be considered for future employment.

I have read these paragraphs and understand their importance and effect upon my employment. By my signature I accept them as conditions of employment by Neighborhood Dental.

Signature: _____ Date: _____