SMILES OF ORLANDO
CENTER FOR ADVANCED DENTISTRY

APPLICATION FOR EMPLOYMENT

_____

Last Name Middle Name or Initial First Name DOB

_____

Home Telephone Social Security Number Driver's License #/ State Issue

_____

Address City State Zip

Position Desired: _____ Desired Hourly Rate: _____

How did you hear of this opening? _____ When could you start? _____

Are you willing to work in this office on a trial basis for 1-7 days with pay? _____

Would there be a reason why you cannot work other than our normal business hours and/or days?

Yes or No? Explain if yes _____

Education	**Name and Location of School**	**Graduated? Y or N**	**Subjects Studied**
High School			
College			
Additional Education			

Person to contact in case of emergency?

_____

Name Telephone Address

Foreign languages you speak fluently? _____ Read? _____ Write_____

Other Activities, hobbies, volunteer work, sports, etc: _____

What dental software have you used? _____

Have you been convicted of a felony in the last seven years? _____
(such a conviction may be relevant if job related, but does not bar you from employment)

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Current employment (if not currently employed, please provide information on most recent employment):

_____

Company Name | Your Supervisor's Name and Title | Telephone

_____

When Employment Began | Position | Duties

_____

When Left Employment | Reason for Leaving

REFERENCES

Before making a decision of hiring you, we will be calling references. Please name 3 references that are related to your job. For example: Office Manager, Doctor, Co-worker

Name	Relationship/What office?	Years Known	Telephone #

Please write your initials next to each of these five statements to show you have read and understand each.

1. ____ The information in this application is true. I authorize investigation of all statements in this application. I understand that if I am hired and any statements in this application are found to be false, I will be dismissed from employment.

2. ____ I can and will provide documents proving my legal right to work in the United States prior to beginning employment.

3. ____ I give permission for you or your agent to investigate my background which may include a job-history check, a driving record check and criminal-history check. I authorize, without reservation, any law enforcement agency, state agency, information service company, public or private institution, or past employer to provide you with any information they may have regarding my background. I authorize you and my former employers to openly discuss the information contained in this application and my past job history.

4. ____ I agree to being tested for drug use both before and at any time during my employment. If I refuse to take a drug-use test or if the test shows I use drugs, I understand I will be disqualified for the job.

   A copy or fax copy of this application and my signature shall be as valid as the original.

   _____ _____ _____

   Signature | Print Name | Date