

AccuCare Dental Centers, PC

Employment Application

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I understand that this application will be given consideration for employment, but it is not a promise of employment. I understand that AccuCare Dental Centers, PC is an equal opportunity employer that does not discriminate against any person due to race, color, religion, national origin, sex, age, veteran status, or disability, as protected by all applicable Federal & State regulations.

I understand that AccuCare Dental Centers, PC only hires legally authorized workers as required by the Immigration Reform and Control Act of 1986. If an employment offer is extended, I will be required to provide proof of identity and employment eligibility at that time.

I understand that AccuCare Dental Centers, PC pays all employees by direct deposit only. If an employment offer is extended, I will be required to provide account information and a voided blank check at that time.

I understand that AccuCare Dental Centers, PC, as a health care facility, provides a smoke free environment for its patients and staff. I am aware that there is no smoking allowed in any public or employee work areas.

I understand that AccuCare Dental Centers, PC reserves the right to require me to submit to a test(s) for the presence of drugs &/or alcohol in my system prior to employment &/or at any time during my employment, should they so choose. If an employment offer is extended it may be contingent upon the passing of this test. Continuation of my employment may also be contingent upon the passing of these tests.

I authorize investigation of all statements contained herein and understand AccuCare Dental Centers, PC, in compliance with the Fair Credit Reporting Act, may obtain a consumer report that includes, but is not limited to, such items as employment & education verifications, Department of Motor Vehicles records (both in Arizona and elsewhere) and criminal & civil court history checks. I authorize all past & present employers &/or references, unless noted otherwise, to give any and all information concerning my previous history that they may have to representatives of AccuCare Dental Centers, PC, and do hereby release all parties from any liability for any damages that may result from them furnishing such information.

I hereby state that all of the information provided on this application, attached resume, or by means of a personal interview, is true, complete and accurate. I understand that any misrepresentations of facts, false statements, or material omissions may disqualify me from consideration for employment or continued employment.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

Signature _____

Date _____

Printed Name _____

PERSONAL INFORMATION

Name _____
Last First Middle

Daytime or primary telephone number _____

Evening or secondary telephone number _____

E-mail _____

Present street address _____

City State Zip Code

How long have you lived at this address? _____ Years _____ Months

Previous street address _____

City State Zip Code

How long did you live at this address? _____ Years _____ Months

Mailing address if different than above _____

City State Zip Code

Position(s) you are applying for _____

How were you referred to us? _____

Date you are first available to begin work _____

Minimum starting salary you will accept _____ /Hour _____ /Week _____ /Month _____ Commission

YES NO Are you legally eligible to work in the U.S.A.?

YES NO Have you ever worked for this company before?

If YES, provide employment dates and locations _____

YES NO Do you have reliable transportation which would enable you to work in any of our various locations within the same work day or work week if necessary?

If NO, please explain _____

YES NO Do you have any obligations or limitations which, on occasion, may limit your ability to perform your job during any work day or any work shift?

If YES, please explain _____

YES NO Have you ever been convicted of a felony?

If YES, please explain _____

YES NO Have you been terminated or asked to resign from any job?

If YES, please explain _____

YES NO Have you ever been a member of the United States Uniformed Services?

If YES, please provide dates, branch and rank _____

EMPLOYMENT HISTORY

Please list your last four positions, or the last 10 years of employment, beginning with the most recent (or current). A resume may be included, but this section must be completely filled out for consideration for any position.

Current employer _____					
Name		Address	City	State	Zip Code
Name of Supervisor _____		Telephone number _____			
Job title _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Dates employed:	from _____	to _____	
Duties _____					
What did you like best about this job? _____					
What did you like least about this job? _____					
Reason for leaving _____					

Past employer _____					
Name		Address	City	State	Zip Code
Name of Supervisor _____		Telephone number _____			
Job title _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Dates employed:	from _____	to _____	
Duties _____					
What did you like best about this job? _____					
What did you like least about this job? _____					
Reason for leaving _____					

Past employer _____					
Name		Address	City	State	Zip Code
Name of Supervisor _____		Telephone number _____			
Job title _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Dates employed:	from _____	to _____	
Duties _____					
What did you like best about this job? _____					
What did you like least about this job? _____					
Reason for leaving _____					

Past employer _____					
Name		Address	City	State	Zip Code
Name of Supervisor _____		Telephone number _____			
Job title _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Dates employed:	from _____	to _____	
Duties _____					
What did you like best about this job? _____					
What did you like least about this job? _____					
Reason for leaving _____					

EDUCATION/TRAINING HISTORY

High School _____
Name Address City State Zip Code

Course of study _____ Did you graduate? YES NO

If not, do you have a GED or equivalent? YES NO Explain _____

University / College _____
Name Address City State Zip Code

Degree/course of study _____ Did you graduate? YES NO

Do you have a current Healthcare Provider CPR Certification? YES NO

If YES, please list the expiration date _____ (If hired, this card will need to be produced at employee orientation)

List any other study, such as community college or trade schools, or any skills that you feel provide you with knowledge &/or abilities that would be an asset in performing the duties of the position you are applying for: _____

PERSONAL/PROFESSIONAL REFERENCES

Please give complete information and do not include past employers or family members.

Name _____ Telephone number _____

Address _____ Relationship _____

Name _____ Telephone number _____

Address _____ Relationship _____

MEMBERSHIPS

List any memberships in any professional, trade or civic organizations. Please exclude those which may disclose information about you such as race, color, religion or national origin.

I hereby state that all of the information provided on this application, attached resume, or by means of a personal interview, is true, complete and accurate. I understand that any misrepresentations of facts, false statements, or material omissions may disqualify me from consideration for employment or continued employment.

Signature _____

Date _____

Printed Name _____