



Date: ____/____/____

APPLICATION FOR EMPLOYMENT

Name: _____ S.S.#: _____
(Last) (First) (M.I.)

Address: _____ City _____ Zip: _____

Home Phone: (____) ____ - _____ How long at current address? _____

Work Phone: (____) ____ - _____ Cell Phone (____) ____ - _____

E-mail: _____

How long have you lived in this community? _____ Birthplace: _____

When would you be available to begin employment? _____

Personal Health:

Do you now have or have you ever had any serious illness? Yes No

If yes, please describe: _____

Note: Please do **not** include any information on disabilities covered by the American Disabilities Act

How long since your last physical examination? _____

How long since your last visit to a dentist? _____

Do you have health insurance? Yes No (If yes, please specify) _____

Professional References:

Please list three professionals you have worked with who can provide a character reference:

Name: _____ Occupation: _____

Address: _____ Phone No: (____) ____ - _____

How do you know this person? _____

Name: _____ Occupation: _____

Address: _____ Phone No: (____) ____ - _____

How do you know this person? _____

Name: _____ Occupation: _____

Address: _____ Phone No: (____) ____ - _____

How do you know this person? _____

Education:

Highest Year of Schooling Completed: _____

School	City/State	Dates Attended	Degree Obtained	Major

Please list any other training or schooling: _____

Previous Employment Experience: *(list most recent first)*

Please note: This section is not optional. Do not list "see resume."

Employer: _____ Dates Employed: ___/___/___
Address: _____ to ___/___/___
Phone No: (____) ____ - _____ Salary: (Start) _____
Job Title: _____ (Ending) _____
Reason for leaving: _____

Employer: _____ Dates Employed: ___/___/___
Address: _____ to ___/___/___
Phone No: (____) ____ - _____ Salary: (Start) _____
Job Title: _____ (Ending) _____
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Employer: _____ Dates Employed: ___/___/___
Address: _____ to ___/___/___
Phone No: (____) ____ - _____ Salary: (Start) _____
Job Title: _____ (Ending) _____
Reason for leaving: _____

Employer: _____ Dates Employed: ___/___/___
Address: _____ to ___/___/___
Phone No: (____) ____ - _____ Salary: (Start) _____
Job Title: _____ (Ending) _____
Reason for leaving: _____

Important: If there are any time period gaps between employments listed above, account for them here: _____

Please answer the questions below:

1. What do you find most appealing about this position?
2. What are the three biggest strengths you could bring to this position?
3. Describe how you interact with technology on a daily basis.



The facts set forth in my application are true and complete. I understand that if employed, false statements on this application will be considered sufficient cause for dismissal. I hereby authorize Flemingsburg Dental Care or its agents to make any investigation of my employment and personal history, through any investigative or credit agencies of its choice. I also understand that neither this application nor commitment of employment by Flemingsburg Dental Care constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by Flemingsburg Dental Care. I understand that this application for employment is valid for no more than sixty days, and after that I must resubmit an application in order to be considered at Flemingsburg Dental Care.

Signature

_____/_____/_____
Date

Listed below are some of the duties involved in the position for which you are applying. Please place an "X" in the column most applicable for each duty:

	No Experience	Some Experience	Fully Competent
Windows			
Microsoft Word			
Microsoft Excel			
Microsoft Outlook			
Business Adding Machine			
Appointment Scheduling			
Multi-line Telephone			
Dental/Medical Insurance			
Inventory Control			
Collection-Overdue Accounts			
Computers in General			
Other Computer Program (<i>list name</i>): _____			
Other Computer Program (<i>list name</i>): _____			
Other Computer Program (<i>list name</i>): _____			

What Receptionist/Business Assistant Duties do you like most?

What Receptionist/Business Assistant Duties do you like least?

AUTHORIZATION

Potential employees of the office of Flemingsburg Dental Care are required by policy to have acceptable credit histories and no criminal backgrounds at the time of hiring, and to maintain acceptable credit histories while employed. Therefore, before an applicant for employment is hired, before an employee is promoted, and at other appropriate times, Dr. Moorhead may review the individual's credit history in order to verify compliance with office policy.

Information you provide below will be used to access your consumer credit report and any criminal history background.

Printed Name

Address

Address

Social Security Number

Applicant or Employee – Please read carefully and sign below:

I UNDERSTAND THAT TO BE ELIGIBLE FOR EMPLOYMENT WITH FLEMINGSBURG DENTAL CARE, MY CREDIT HISTORY AND BACKGROUND MUST BE IN GOOD STANDING. I AUTHORIZE DR. MOORHEAD TO OBTAIN A CONSUMER CREDIT REPORT AND BACKGROUND CHECK FOR THE PURPOSE OF EVALUATING MY ELIGIBILITY FOR EMPLOYMENT. I ALSO AUTHORIZE DR. MOORHEAD TO SPEAK WITH MY PAST EMPLOYERS TO LEARN MY EMPLOYMENT HISTORY. I UNDERSTAND THAT A COPY OF MY CREDIT REPORT AND A SUMMARY OF MY RIGHTS AS A CONSUMER WILL BE PROVIDED TO ME BEFORE ANY DECISION ADVERSELY AFFECTING MY EMPLOYMENT IS MADE, IF THE DECISION IS BASED ON MY CREDIT REPORT OR BACKGROUND CHECK.

Signature

Date

Phone Number

Date of Birth