



PERSONAL INFORMATION

First Name Middle Initial Last Name

Street and Apt. # City State Zip Code

Home Phone: _____ Mobile Phone: _____ Email: _____

Social Security#: ____ - ____ - ____

Position Applying For:

DMD/DDS RDH RDA/CDA/DA Front Office Professional

Other _____

Professional Licenses/Registrations/Certifications held: _____

Do you hold an X-Ray Certification? Yes No Are you CPR Certified? Yes No

What days of the week & hours are you available to work?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Employment Interests: Full-time Part-time

How many miles are you willing to commute to an assignment? _____

When are you available to start? _____

Desired salary: \$_____ per hour

Please describe any specific knowledge, skills and/or abilities you possess that make you qualified for the position in which you are applying:

Have you ever been convicted of a felony? Yes No

If so, explain:

EMPLOYMENT HISTORY, starting with current or most recent

Employer: _____	Address/Phone: _____
Dates of Employment: _____	to _____
Position Held: _____	Salary: _____
Responsibilities: _____	

Supervisor's Name/Title: _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving: _____	
Employer: _____	Address/Phone: _____
Dates of Employment: _____	to _____
Position Held: _____	Salary: _____
Responsibilities: _____	

Supervisor's Name/Title: _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving: _____	
Employer: _____	Address/Phone: _____
Dates of Employment: _____	to _____
Position Held: _____	Salary: _____
Responsibilities: _____	

Supervisor's Name/Title: _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving: _____	

EDUCATION

High School/GED

Name and Address
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, did you receive your GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Special honors or awards: _____

College/University or Technical/Vocational Education

Name and Address
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Attended from _____ to _____
Degree or Certification Earned: _____ Specialty/Major _____

College/University or Technical/Vocational Education

Name and Address
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Attended from _____ to _____
Degree or Certification Earned: _____ Specialty/Major _____

Notification, Acknowledgement & Signature

Hillcrest Dental is an equal opportunity employer and affords equal opportunity to all applicants and employees without regard to race, color, religion, sex, national origin, age, gender, disability, veteran status or any other status protected under local, state and/or federal laws

It is the policy of Hillcrest Dental to provide reasonable accommodations for individuals with disabilities with advance notice of need. If an accommodation is needed for any reason, please contact our office.

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize Hillcrest Dental to investigate any aspect of my prior educational and employment history, criminal background and driving record.

I confirm that I am a U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis.

I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Applicant's Signature: _____

Applicant's Printed Name: _____

Date _____