



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name: _____

Social Security No: _____ Phone: _____

Address: _____

Cell: _____ Email: _____

Are you at least 16 years of age? Yes No Are you eligible to work in the U.S.? Yes No

Notify in Emergency: _____ Phone: _____

Address: _____

General health condition: Good Fair Poor

Remarks about any health limitations: _____

POSITION INFORMATION

Title of position: _____

How did you hear about this position? _____

Date available for work: _____

Can you fulfill the job duties and responsibilities of the position for which you are applying as they have been described to you, with or without a reasonable accommodation? Yes No

Are you available for the work hours required of the position for which you are applying? Yes No

Circle the days of the week you will be available to work: Mon Tue Wed Thu Fri

If applying for a part time position, please list the days/hours you are available to work

If applicable, do you have the required license(s) to perform the job? Yes No

Date available to start? Salary requirements: \$ _____ per hour/day/month

EDUCATION

High School: _____ Location: _____ Grad. Date: _____

Business/Technical: _____ Location: _____ Date: _____

Degree: _____

College: _____ Location: _____ Date: _____

Degree: _____

Graduate School: _____ Location: _____ Date: _____

Degree: _____

Additional skills and training: _____

WORK HISTORY

List the last 7 years of employment, self-employment or unemployment—do not substitute with a resume. Attach additional pages if needed.

Present or Last Employer: _____ Phone: _____

Address: _____

Dates Employed From (month/year): _____ To: _____

Job Title: _____ Supervisor: _____

Pay rate/ Salary: _____ Reasons for leaving: _____

Specific Duties: _____

Second Last Employer: _____ Phone: _____

Address: _____

Dates Employed From (month/year): _____ To: _____

Job Title: _____ Supervisor: _____

Pay rate/ Salary: _____ Reasons for leaving: _____

Specific Duties: _____

Third Last Employer: _____ Phone: _____

Address: _____

Dates Employed From (month/year): _____ To: _____

Job Title: _____ Supervisor: _____

Pay rate/ Salary: _____ Reasons for leaving: _____

Specific Duties: _____

Fourth Last Employer: _____ Phone: _____

Address: _____

Dates Employed From (month/year): _____ To: _____

Job Title: _____ Supervisor: _____

Pay rate/ Salary: _____ Reasons for leaving: _____

Specific Duties: _____

May we contact the above for employment reference information? Yes No

If not, who? _____

REFERENCES

Name: _____ Years acquainted: _____

Company: _____ Title: _____

Address: _____ Phone: _____

Name: _____ Years acquainted: _____

Company: _____ Title: _____

Address: _____ Phone: _____

Name: _____ Years acquainted: _____

Company: _____ Title: _____

Address: _____ Phone: _____

PERSONAL

Please list any additional information you feel may be important for us to know in evaluating your application. (i.e. foreign languages spoken, relevant community activities, hobbies, interests)

If necessary to leave our employment, will you give at least four weeks written notice? Yes No

Have you ever been charged or convicted of a felony or criminal offense, including driving under the influence of alcohol or drugs, but excluding minor traffic violation and parking tickets? A conviction record will not necessarily bar you from employment. Each application will be individually considered on its merits. If yes, please explain: _____

(Please read and sign below.)

EQUAL OPPORTUNITY EMPLOYER

We are an equal opportunity employer. We do not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, veteran status, or any other characteristic protected by law.

GENERAL AGREEMENT

If hired, I will provide legal proof of identity and authority to work in the United States. I agree to conform to the rules and standards of the business, as amended from time to time at the employer's discretion. I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. I hereby certify that the information contained in this application form is true and correct to the best of my knowledge.

EMPLOYMENT RELATIONSHIP

If hired, I understand that employment is not for a specified term and can be terminated "at-will", with or without cause, and with or without notice, at any time, either at the option of the employee or the employer. No employee or representative of the business, other than its owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the employer may not alter the "at-will" nature of the employment relationship unless

it is done specifically in writing and is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the "at-will" nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

REFERENCE AND BACKGROUND CHECKING

All offers of employment are conditioned upon satisfactory completion of a background and reference check. Qualified applicants may also be required to submit to a pre-employment drug screen and/or medical exam. If these become part of the screening process, I understand I must complete appropriate documentation for these to occur.

APPLICANT'S STATEMENT

I understand that this employment application and any other Rauk Family Dentistry, P.A. (hereafter referred to as the "Practice") documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period for ninety (90) days from the date of my hiring. I understand that, if I am employed, I can terminate my employment with or without cause and with or without notice, at any time, and the Practice has a similar right.

I grant permission to the Practice or its duly authorized representatives to contact any persons, companies, schools, or healthcare providers named or referred to in the application (other than those specifically excluded) and I hereby authorize those persons, companies, schools, and healthcare providers to provide my record, reasons for leaving, and all other information they have concerning me to the Practice. I further release all such parties and the Practice from any and all liability claims for damage whatsoever that may result from such contact or information.

The information given by me in this application is true and complete, and I agree that if the information is found to be false or misleading, that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

Signature of applicant: _____ Date: _____