

Application for Employment

101 S. Saints Boulevard Suite 212

Edmond, OK 73034

An Equal Opportunity Employer



edmond
pediatric & teen
dentistry

Employees of Edmond Pediatric & Teen Dentistry and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the department to which you are applying.

1. Position applied for _____ 2. Date _____
(one per application)

3. Social Security No. _____
(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. Full legal name _____
Last First Middle Initial

5. Address _____ 6. Home Phone _____

_____ 7. Cell Phone _____
City State Zip

8. EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
- b. If you did not complete high school, do you have a high school equivalency diploma? Yes No
- c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Schools	Kind of Institution	Degree Received	Major or Specialty	Dates Attended
1. _____				
2. _____				
3. _____				

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

9. MISCELLANEOUS

- a. Check which shift you will accept: Day Evening Night Rotating Weekends **Specify shift** _____
- b. Check which job status you will accept: Full-time _____
- c. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- d. When will you be available to start work?
____ Month ____ Day ____ Year
- e. Rate of Pay Expected _____
- f. Are you at least 16 years old? _____

10. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. **EXPERIENCE** — Starting with the most recent, describe *ALL* paid work and voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.
 You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

1. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____
 Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time ___ Part-time ___ Hours/week _____ Your name if different from present _____

2. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____
 Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time ___ Part-time ___ Hours/week _____ Your name if different from present _____

3. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____
 Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time ___ Part-time ___ Hours/week _____ Your name if different from present _____

12. **CERTIFICATION**--Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment to Edmond Pediatric & Teen Dentistry. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize Edmond Pediatric & Teen Dentistry to rely upon and use, as it sees fit, any information received from such contacts.

Date _____ **Applicant Signature** _____

<u>OFFICE USE ONLY</u>	<u>OFFICE USE ONLY</u>	<u>OFFICE USE ONLY</u>
Hours wanted:	Days Available:	Notes: