

# Employment Application

An equal opportunity employer, Smoler Smiles does not discriminate in hiring or terms and conditions of employment because of an individual's race, color, religion, gender, gender identity, national origin, citizenship, age, disability, sexual orientation, marital status or any other protected category recognized by state or federal laws. Smoler Smiles only hires individuals authorized for employment in the United States.



Position Desired: \_\_\_\_\_

Schedule Desired  Full Time  Part Time  
 Temporary/Seasonal

Date Available: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## PERSONAL INFORMATION

Last Name	First Name	Middle Name	Are you authorized for employment in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No
Present Address	City	State	Zip
Previous Address	City	State	Zip
Phone Number (including Area Code)	Email Address	Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## EDUCATION

Type of School	Name and Location of School	Degree/Area of Study	Number of yrs. Attended	Graduated (Check One)
HIGH SCHOOL	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City			
COLLEGE	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City			
MILITARY SERVICE	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City			
OTHER	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City			

## EMPLOYMENT HISTORY

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. If you have less than four places of employment, include personal references to be contacted. May we contact your current employer?  Yes  No

Dates	Name and Address of Employer	Position Held and Supervisor	List Major Duties	Reason for Leaving
From: _____ / _____ Mo. Yr.	Name	Job Title		
To: _____ / _____ Mo. Yr.	Address	Supervisor		
	Phone			
From: _____ / _____ Mo. Yr.	Name	Job Title		
To: _____ / _____ Mo. Yr.	Address	Supervisor		
	Phone			
From: _____ / _____ Mo. Yr.	Name	Job Title		
To: _____ / _____ Mo. Yr.	Address	Supervisor		
	Phone			
From: _____ / _____ Mo. Yr.	Name	Job Title		
To: _____ / _____ Mo. Yr.	Address	Supervisor		
	Phone			

Have you every been discharged from a job(s)?  Yes  No If yes, please provide details, including place(s) of employment, location(s), date(s), supervisor's name(s), and circumstances of the discharge(s):

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## ACADEMIC AND PROFESSIONAL ACTIVITIES AND ACHIEVEMENTS

Academic and Professional Activities and Achievements, Awards, Publications or Technical-Professional Societies, indicate type or name. Exclude organizations which indicate race, creed, color, sex, sexual orientation, gender identity, age, religion, disability, marital status or national origin of its members.	Date Awarded

## SPECIAL SKILLS

Other Skills applicable to position (e.g. computer proficiency)	Other languages you speak fluently?
Have you attended courses/seminars relevant to the dental profession or the position you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	

## MISCELLANEOUS

Is there any additional information involving a change of your name or assumed name that will permit us to check your work record?
How did you learn about the job for which you are applying?
What value will you bring to Team Smoler?
When would you be available to start work?
Do you have favorite hobbies or leisure time activities?
Honors or awards received (professional, academic, civic, athletic, etc.)
Is there any other additional information of which you would like us to be aware of?
Did you participate in any team sports?
Have you ever been convicted of, or pled guilty to, a crime for which the record has not been expunged or sealed? (In California, your response should not include marijuana convictions that are more than two years old or information concerning referral to, or participation in, a pre- or post-trial diversion program). If yes, please explain. Answering yes to this question will not necessarily bar you from employment.

## PERSON TO CONTACT IN CASE OF EMERGENCY

This information is to facilitate contact in the event of any emergency and is not used in the selection process.		
Full Name	Address	Phone
Place of employment	Address	Phone

## AVAILABILITY

	SUN	MON	TUE	WED	THUR	FRI	SAT
AM							
PM							

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Min # hours available weekly: \_\_\_\_\_ Max # hours available weekly: \_\_\_\_\_

## PLEASE READ THIS STATEMENT CAREFULLY

I hereby affirm that the information given by me on the application for employment is complete and accurate. I understand that any falsification or omission either on this application, or otherwise providing false information to Smoler Smiles will be immediate grounds for dismissal, no matter when the falsification or omission is discovered. I authorize a thorough investigation to be made in connection with this application concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, employment, education, and criminal record, whichever may be applicable for employment purposes. I understand this investigation may include personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors, and others with whom I am acquainted. I further understand I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of the nature and scope of the investigation.

It is my understanding that as a prerequisite to consideration for employment, I must agree to submit to any post-employment examinations that Smoler Smiles fully require. Smoler Smiles will pay the reasonable cost of any such examination which may be required.

If I am hired, I agree that my employment and compensation can be terminated with or without cause, and without notice at any time, at the option of Smoler Smiles or myself. I understand that, unless modified in written agreement signed by both me and Smoler Smiles, no representatives of Smoler Smiles has the authority to make any agreement for employment for a specified time or to make any other agreement contrary to the foregoing.

I have read and affirm as my own the above statements.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date