



APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Note: Applications must be completed in full.

POSITION APPLIED FOR _____
DATE OF APPLICATION _____

NAME _____

FIRST MI LAST
PERMANENT ADDRESS _____

STREET CITY STATE ZIP
PHONE NUMBER _____ EMAIL _____
MESSAGE OR CELL PHONE _____

ARE YOU PRESENTLY EMPLOYED? YES NO
IF YES, WHERE? _____

ARE THERE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH APPLEWHITE
DENTAL PARTNERS OR ITS OFFICES?

YES NO

IF YES, NAME OF RELATIVE _____

HAVE YOU EVER WORKED FOR APPLEWHITE DENTAL PARTNERS OR ITS OTHER OFFICES
BEFORE? Yes No

IF YES, WHERE AND APPROXIMATE DATE: MO/YR _____

HOW DID YOU HEAR ABOUT APPLEWHITE DENTAL PARTNERS?

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

CAN YOU UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING
YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES?

YES NO

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN?

YES NO

IF YES, PLEASE EXPLAIN _____



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PLEASE CHECK SCHEDULE AVAILABILITY

I am available to work Full-Time over 27 hours a week.

Days and hours available to work _____

I am available to work Part-Time

Days and hours available to Work _____

NOTE: Work schedules are based upon the needs of the business and may be subject to change.

EMPLOYMENT INFORMATION (You may attach a resume in place of completing this section.)

1) NAME AND ADDRESS OF EMPLOYER

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ SUPERVISOR _____

EMPLOYMENT DATES: TO: _____ FROM: _____

YOUR LAST JOB TITLE _____

REASON FOR LEAVING (BE SPECIFIC) _____

PAY OR SALARY START _____ FINAL _____

DESCRIBE YOUR JOB RESPONSIBILITIES

2) NAME AND ADDRESS OF EMPLOYER

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ SUPERVISOR _____

EMPLOYMENT DATES: TO: _____ FROM: _____

YOUR LAST JOB TITLE _____

REASON FOR LEAVING (BE SPECIFIC) _____

PAY OR SALARY START _____ FINAL _____

DESCRIBE YOUR JOB RESPONSIBILITIES



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EDUCATION

HIGHSCHOOL _____
ADDRESS _____
CIRCLE LAST YEAR ATTENDED 9 10 11 12 DEGREE _____

COLLEGE _____
ADDRESS _____
CIRCLE LAST YEAR ATTENDED 1 2 3 4 DEGREE _____

BUSINESS/TRADE OR
OTHER _____
ADDRESS _____
CIRCLE LAST YEAR ATTENDED 1 2 3 4 DEGREE _____

Please list any other experience, skills or other qualifications, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service, which you would like, considered in connection with your application for employment.

PROFESSIONAL REFERENCES

1) Name _____ Title _____
Company & Phone
Address _____ Number _____

2) Name _____ Title _____
Company & Phone
Address _____ Number _____



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Please read before signing

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of AppleWhite Dental Partners to afford equal opportunity to all employees and applicants for employment without regards to race, age, religion, color, creed, sex, ancestry, national origin, marital status, disability, sexual orientation, unfavorable discharge from military status, gender identity, and any other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause or notice at any time at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of AppleWhite Dental Partners at any time, can constitute a contract for a term of employment unless signed by the President of the Company. I understand that AppleWhite Dental Partners and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of AppleWhite Dental Partners has the authority to enter into any agreement for employment for any specified period of time or to make changes in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President of AppleWhite Dental Partners or to make any agreement contrary to the foregoing.

I understand that my employment with Apple White Dental Partners shall be probationary for a period of ninety days and further that at any time during the probationary period or thereafter, my employment relationship with Apple White Dental Partners is terminable at will for any reason by either party.

I understand that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature

Date
