

EXPRESS DENTAL & DOCTOR

5100 W Lemon St., Ste 109
Tampa, FL 33609
888/539-0577

Employment Application

Express Dental Care is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of age, ancestry, creed, color, disability, marital status, medical condition, national origin, race, religion, sex, disability, handicap or veteran status.

PERSONAL:

Name _____ Phone Number _____

Address _____
Number and Street City State Zip Code

Position Sought _____ Full Time Part Time

Date Available _____ Salary Desired _____

Social Security Number _____ Are you over 18 years old? Yes No

Are you legally eligible for employment in the United States: Yes No

(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: Number of years completed (Circle one) 1 2 3 4

Diploma: Yes No

G.E.D.: Yes No

School(s) _____ City/State _____

School(s) _____ City/State _____

College and/or Vocational School: Number of years completed (Circle one) 1 2 3 4

Degree/Graduated: Yes No Type: _____ Major: _____

School(s) _____ City/State _____

School(s) _____ City/State _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Type Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type and State of License(s) Held _____ License Number _____

License Expiration Date _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

SKILLS:

Check Whatever Applies:

Office: Data Entry/ Typing speed _____ wpm Excel Lotus 1.2.3 Other _____Word Processing: MS Word Wordperfect Other _____

Other Skills: _____

Have you ever been employed previously by our company? Yes No

If so, please state location and dates of employment and name used: _____

RECORD OF CONVICTION:During the last ten years, have you ever been convicted of a crime other than a minor traffic offense? Yes No

If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment.)

EMPLOYMENT: List last employer first, including U.S. Military Service.May we contact your present employer? Yes No

If any employment was under a different name, indicate name _____

Employer _____ Address _____

Telephone _____ Position Held _____

Dates of Employment: From _____ To _____
Month/Year Month/Year

Salary _____ Supervisor _____ Department _____

Duties _____ Full Time Part Time

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position Held _____

Dates of Employment: From _____ To _____
Month/Year Month/Year

Salary _____ Supervisor _____ Department _____

Duties _____ Full Time Part Time

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position Held _____

Dates of Employment: From _____ To _____
Month/Year Month/Year

Salary _____ Supervisor _____ Department _____

Duties _____ Full Time Part Time

Reason for Leaving _____

CONSENT FORM

I hereby authorize Express Health Inc, Express Dental Care LLC, DBA Express Doctor to receive any criminal history record and driver's history record information pertaining to me, which may be in the files of any State or local criminal justice agency.

Further, I hereby release all employers, schools, hospitals, Workers' Compensation repositories, law enforcement officials, and Federal, State and Local government information repositories, financial and credit agencies, and any other persons contacted from all liability in responding to inquiries in connection with my application. This will be handled in accordance and compliance of the Fair Credit Protection Act, Public Law 91-508, Title VI, as amended, as well as any other Federal and State guidelines.

I understand that false and misleading information given in my application or interview may result in discharge. I also understand that I am required to abide by all company rules and regulations.

*** ALL INFORMATION EXCEPT YOUR SIGNATURE MUST BE PRINTED
CLEARLY AND NEATLY ***

_____ Drivers License #	_____ State	_____ First	_____ Middle(Maiden)	_____ Last Name
_____ Date of Birth	_____ Social Security No.	_____ Address (Including City, State, Zip)		
_____ Sex (Necessary for criminal check)	_____ Race	_____ Signature		

Company/Requestor:

Services Requested:

- Criminal Background and Credit Check (\$65.00)**
-Criminal Background Check will be conducted for the State the subject resides.
- Criminal Background Check for Other States (additional fee)**

- Driver History Background Check (\$35.00)**
-Driving records will be obtained from the State the subjects Drivers License is issued.
- Other Requests:** _____