

# 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 \_\_\_\_\_

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 \_\_\_\_\_

If you wish to describe additional work experience, attach the above information for each position on a separate sheet.

Please explain any gaps in work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job?  Yes  No

If yes, please explain: \_\_\_\_\_

**REFERENCES:**

**Professional**

Name:	Name:
Address:	Address:
Phone:	Phone:

Name:	Name:
Address:	Address:
Phone:	Phone:

**Applicant's Certification and Agreement**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Express Dental Care to verify their accuracy and to obtain a Criminal Background Check and reference information on my work performance. I hereby release Express Dental Care from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**This application for employment is good for 30 days. Consideration for employment after 30 days requires a new application. Rev.12/04**