



## APPLICATION FOR EMPLOYMENT

*Horizon Dental Care is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, or any other reason prohibited under Federal, State or local laws.*

Please type or print. This application must be legible, fully completed, signed and dated for consideration

### Applicant Contact Information

Name: \_\_\_\_\_  
*Last First Middle Initial*

Other Names Used: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Phone: \_\_\_\_\_  
*Home Phone Cell Phone*

Email Address: \_\_\_\_\_

### Questions About Applicant

Position Desired: \_\_\_\_\_ Salary/Wage Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

Type of Employment Desired: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Hours per Week \_\_\_\_\_

Availability: Days \_\_\_\_\_ Evenings \_\_\_\_\_

Days available to work: (circle) Monday Tuesday Wednesday Thursday Friday Saturday

Fringe benefit requirement (if any): \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

(Proof of U.S. Citizenship or immigration status will be required upon employment)

Are you 16 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you applied here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Have you ever been convicted of, or pled guilty or no contest to a crime other than a minor traffic violation?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. You do not have to include any convictions or court records that have been sealed or exempted by a valid court order. This information will not necessarily disqualify you from employment, but false or misleading information will. Each response will be considered and evaluated on individual merits in relation to the duties and responsibilities of the specific job for which you are applying. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.*

**Dental Certificates or Licenses**

**X-Ray**

License # \_\_\_\_\_  
 Date Earned \_\_\_\_\_  
 State Issued \_\_\_\_\_  
 Current (circle) Y N

**RDH**

License # \_\_\_\_\_  
 Date Earned \_\_\_\_\_  
 State Issued \_\_\_\_\_  
 Current (circle) Y N

**C.P.R.**

License # \_\_\_\_\_  
 Date Earned \_\_\_\_\_  
 State Issued \_\_\_\_\_  
 Current (circle) Y N

**Educational Background**

High School Education or GED passed? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please indicate highest grade completed: 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_

College / University / Trade	City / State	Units	Degree / Diploma	Major	Date

US Military Service	Branch	Rank	Dates of Service	Type of Discharge
Yes _____ No _____				

**Employment History**

*In reference to your attached resume, please list all pertinent information below regarding previous employment and explain any gaps in employment in the comment section. Thank you.*

Employer:	Starting Salary	Ending Salary	May we contact?
	Hourly \$ _____ or Salary \$ _____	Hourly \$ _____ or Salary \$ _____	Yes _____ No _____ If Yes, please provide:
Reason for Leaving: _____			Name: _____
Comments: _____			Ph: _____

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	Hourly \$ _____ or Salary \$ _____	Hourly \$ _____ or Salary \$ _____	Yes _____ No _____ If Yes, please provide:
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Comments: _____			Ph: _____

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	Hourly \$ _____ or Salary \$ _____	Hourly \$ _____ or Salary \$ _____	Yes _____ No _____ If Yes, please provide:
Reason for Leaving: _____			Name: _____
Comments: _____			Ph: _____

**Special Training and Skills**

Please list languages spoken fluently, other than English: \_\_\_\_\_

Please list pertinent skills, special training, and equipment you are trained to operate:  
 \_\_\_\_\_

Please list any other accomplishments, awards, professional groups of which you are a member, or additional information you would like us to consider: \_\_\_\_\_  
 \_\_\_\_\_

Professional / Work Reference	
List name and telephone number of three personal references who are not related to you	
Name, Company, Address	Telephone

I certify that my answers are true and complete to the best of my knowledge.

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I further understand that any employment that is offered to me will be at-will and that this application does not create or imply a contract for employment.*

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

## Application for Employment

### Notice & Acknowledgement of Binding Arbitration

(This form is to be signed by all applicants for employment)

Horizon Dental Care (hereinafter “Employer”) cares about its employees and the working environment we all share. As such, Employer has adopted an Alternative Dispute Resolution Procedure for the resolution of all workplace disputes as a policy, and condition of employment. By signing this application and acknowledgement you are agreeing to settle any and all previously unasserted claims, disputes or controversies arising out of or relating to your application or candidacy for employment, employment and/or cessation of employment with Employer, exclusively by final and binding arbitration before a neutral Arbitrator. You are also acknowledging that should you be hired you understand that you will be bound by the terms of this policy. By way of example only, such claims include claims under federal, state and local statutory or common law, such as Age Discrimination in Employment Act, Title VII of Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the law of contract and the law of tort.

I understand that this policy does not, however, in any way alter the “at will” status of my employment with Employer should I be hired which, unless otherwise agreed upon by written contract, is not for a fixed term or definite period and may be terminated at the will of myself or Employer with or without notice and without resort to this policy.

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Signature of Applicant)**

\_\_\_\_\_  
**(Print Name of Applicant)**

Please complete the following information in your own handwriting.  
Please give detailed responses to the following questions.

**PLEASE SIGN YOUR NAME BELOW**

1. If we were to ask your previous supervisor, what would they say about your attendance and job performance?

2. It's lunch time and a customer/patient needs 5 minutes of your time. What do you do?

3. Think about the last time your manager critiqued your work; how did you respond?

4. Everybody misses work sometimes. What are some legitimate reasons to miss work?

5. Please list your top 5 personal core values and how have they helped you in your decision making?