

APPLICATION FOR EMPLOYMENT

Today's Date									
First Name				Middle Initial		Last Name			
Social Security #				Home/Mobile Phone				Business Phone	
Address				City				State	ZIP Code
Are you at least 18 years of age?								<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you lawfully permitted to work in this Country?								<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed by this Company?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, date(s) from/to			
How were you referred to this Company?									
Have you ever been convicted of a crime?								<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list the conviction, dates and circumstances. (NOTE: List only those convictions that have not been expunged.)									
Have you ever served in the Armed Forces of the United States?								<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate which Service						Date of Discharge		Type of Discharge	
Position for which you are applying:									
Date available for employment					Salary desired				
Can you work overtime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, list any restrictions on availability					
Do you have reliable transportation to work?								<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATION

Type of School	Name/Address of School	Courses/Major	Last Year Completed	Graduate/Degree Received
High School/GED			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No Degree
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No Degree
Technical/Graduate			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No Degree

EMPLOYMENT HISTORY

Please include all employment for the last ten years (list most recent employment first and work back in time).

Employer					Phone				
Address				City				State	ZIP Code
Dates of Employment (month/year)				From:				To:	
Job Title and description of duties									
Hours worked per week		Salary (current or final)			Supervisor				
Reason for leaving									
Employer					Phone				
Address				City				State	ZIP Code
Dates of Employment (month/year)				From:				To:	
Job Title and description of duties									
Hours worked per week		Salary (current or final)			Supervisor				
Reason for leaving									

Employer					Phone			
Address				City			State	ZIP Code
Dates of Employment (month/year)				From:			To:	
Job Title and description of duties								
Hours worked per week				Salary (current or final)			Supervisor	
Reason for leaving								

Employer					Phone			
Address				City			State	ZIP Code
Dates of Employment (month/year)				From:			To:	
Job Title and description of duties								
Hours worked per week				Salary (current or final)			Supervisor	
Reason for leaving								

Employer					Phone			
Address				City			State	ZIP Code
Dates of Employment (month/year)				From:			To:	
Job Title and description of duties								
Hours worked per week				Salary (current or final)			Supervisor	
Reason for leaving								

Employer					Phone			
Address				City			State	ZIP Code
Dates of Employment (month/year)				From:			To:	
Job Title and description of duties								
Hours worked per week				Salary (current or final)			Supervisor	
Reason for leaving								

We may contact the employers listed on this application unless you specifically exclude them below. Please list any employers you DO NOT want us to contact and your reason for the exclusion:

Employer					Reason			
Employer					Reason			

Have you entered into any agreements with any former employer (ex, Non-Compete or Confidentiality Agreement) that would impact your ability to do work for this Company? Yes No

Please provide any other information that relates to your ability to perform the job for which you are applying (e.g., licenses, professional membership, volunteer work, hobbies, language skills, school achievements, etc.):

REFERENCES

Please list three (3) references who have known you for at least one (1) year.

Name		Title			
Address	City	State	ZIP Code		
Phone	Email	Relationship to you			
Name					Title
Address	City	State	ZIP Code		
Phone	Email	Relationship to you			
Name					Title
Address	City	State	ZIP Code		
Phone	Email	Relationship to you			

If hired, I agree to conform to the rules and regulations of Crossroads Dental Arts. I understand that no management represent has any authority to enter into any agreement for employment for a specific period of time, and that my employment is at will and can be terminated at any time at the option of either the Company or myself.

I hereby authorize Crossroads Dental Arts to conduct an investigation concerning all statements contained in my application for employment, to interview all employers and to conduct any other investigation that it deems appropriate. I request any duly constituted law enforcement agency or judicial officer to furnish the Company with all information pertaining to me concerning un-expunged convictions and I hereby release Crossroads Dental Arts and any law enforcement agency, judicial or other individual from any liability arising from disclosure of such information pertaining to me which is obtained during said investigation.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDERMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00.

Applicant's Signature

I hereby affirm that my statements and answers to all questions on this application are true and correct, and that I have not knowingly withheld any fact or circumstance which, if disclosed, would affect my application unfavorably. I understand that if employed, misstatement or omission of fact on this application may result in my immediate dismissal.

Applicant's Signature