

GA DENTAL STAFFING AGENCY, LLC

Connecting good people with good Companies

Equal Opportunity Employment

Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phon		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Presently Employed?		YES	NO	Are you authorized to work in the U.S.?	
				YES	NO
Do you posses a valid driver's license?		YES	NO	Are you at least 18 years of age? If not, please state your age.	
Have you ever been convicted of a felony?		YES	NO	If yes, explain.	
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary					
Skills and Qualifications:					
Certifications Licenses applicable to the position applying for:					
EDUCATION					
High School			Address		
From	To	Did you graduate?	YES	NO	Degree
College			Address		
From	To	Did you graduate?	YES	NO	Degree
Other			Address		
From	To	Did you graduate?	YES	NO	Degree
REFERENCES					
Please list three professional references.					
Full Name			Relationship		
Company			Phone ()		
Address					
Full Name			Relationship		
Company			Phone ()		
Address					
Full Name			Relationship		
Company			Phone ()		
Address					

PREVIOUS EMPLOYMENT

Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary	\$	Ending Salary	\$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES	NO
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Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary	\$	Ending Salary	\$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES	NO
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Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary	\$	Ending Salary	\$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES	NO
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At least 3-5 years of work history must be provided.

DISCLAIMER AND SIGNATURE

It is policy of GA Dental Staffing, LLC Practice Management to comply with all applicable State and Federal laws prohibiting discrimination in employment based on race, color, sex, religion, national origin, disability, or other protected classifications.

I understand and agree that: Any material misrepresentation or deliberate omission of a fact in my application may result in refusal of or if employed, immediate termination from employment. Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, shift work, rotating work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment. It is my understanding that GA Dental Staffing & Human Resources will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews.

I authorize such investigation and giving and receiving of any information requested by GA Dental Staffing and I release from liability for wages or salary except such as may have been earned at the date of such termination. I further understand that this is an application for employment and that no employment contract is being offered, nor will any result from my employment with GA Dental Staffing LLC, I understand that if I am employed, such employment is for no definite period of time and that GA dental Staffing can change wages, benefits and conditions at any time. I acknowledge that any oral representation or written statements which may have been made to me to the contrary of this paragraph are expressly disavowed and may not be relied upon.

Signature	Date
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