

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 | |
| Phone | E-mail Address | | |
| Date Available | Social Security No. | Desired Salary | |
| Position Applied for | | | |
| Presently Employed? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Are you authorized to work in the U.S.? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Do you possess a valid driver's license? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Are you at least 18 years of age? If not, please state your age. | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> NO <input type="checkbox"/> | 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 <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| REFERENCES | | | |
| <i>Please list three professional references.</i> | | | |
| Full Name | | Relationship | |
| Company | | Phone () | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone () | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone () | |
| Address | | | |

PREVIOUS EMPLOYMENT

| | |
|---------|-----------|
| Company | Phone () |
|---------|-----------|

| | |
|---------|------------|
| Address | Supervisor |
|---------|------------|

| | | |
|-----------|--------------------|------------------|
| Job Title | Starting Salary \$ | Ending Salary \$ |
|-----------|--------------------|------------------|

Responsibilities

| | | |
|------|----|--------------------|
| From | To | Reason for Leaving |
|------|----|--------------------|

May we contact your previous supervisor for a reference? YES NO

| | |
|---------|-----------|
| Company | Phone () |
|---------|-----------|

| | |
|---------|------------|
| Address | Supervisor |
|---------|------------|

| | | |
|-----------|--------------------|------------------|
| Job Title | Starting Salary \$ | Ending Salary \$ |
|-----------|--------------------|------------------|

Responsibilities

| | | |
|------|----|--------------------|
| From | To | Reason for Leaving |
|------|----|--------------------|

May we contact your previous supervisor for a reference? YES NO

| | |
|---------|-----------|
| Company | Phone () |
|---------|-----------|

| | |
|---------|------------|
| Address | Supervisor |
|---------|------------|

| | | |
|-----------|--------------------|------------------|
| Job Title | Starting Salary \$ | Ending Salary \$ |
|-----------|--------------------|------------------|

Responsibilities

| | | |
|------|----|--------------------|
| From | To | Reason for Leaving |
|------|----|--------------------|

May we contact your previous supervisor for a reference? YES NO

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 |
|-----------|------|