

Employment Application Please Print

Date	Last Name	First Name		Middle Initia	1
Current Add	ress				
No. & Street		City	State	Zip	
Permanent A	ddress (if different from prese	ent address)			
No. & Street		City	State		
() Business Phone	() Home Phone	Email	<u></u>		
Employmen	t Desired				
Position appl	ying for:				
Personal Inf	formation				
•	any friends or relatives worki state name(s) and relationship	ing for Houma Family Dental?]Yes 🗌 N		_
Name			Relationship		
Name			Relationship		_
Why are you	applying for work at Houma	Family Dental?			
If hired, wou	ld you have a reliable means o	of transportation to and from work?		🗌 Yes	🗌 No
		, hire is subject to verification that y		🗌 Yes	🗌 No
		U.S. citizenship or proof of your leg			🗌 No
		tions of the job for which you are ap			🗌 No
If no, d	escribe the functions that can	not be performed.			

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

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Personal Information, continued

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

School	Name and Address			No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	Name				Yes No	
	Address	_, , , , , ,				
	City	State	Zip			
College/ University	Name				Yes No	
	Address					
	City	State	 Zip			
Vocational/ Business	Name				Yes No	
	Address					
	City	State	Zip			
Health Care Training	Name				Yes No	
	Address					
	City	State	 Zip			

Education, Training, and Experience

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Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

			-		
Name of Employer		Telephone	No.		
Fype of Business		Your Super	rvisor's Name		
Address & Street		City		State	Zip
Dates of Employment:			Weekly Pay	:	
From	То			Starting	Ending
Your Position and Duties					
Reason for Leaving					
May we contact this employer for a r	eference?				. UYes UNo
	eference?	_ () Telephone	_		
Name of Employer	eference?	_ () Telephone	_		Yes _ No
Name of Employer Type of Business	eference?	_ () Telephone	 No.	<u>State</u>	
Name of Employer Type of Business Address & Street		_ () Telephone Your Super	 No.	State	
Name of Employer Type of Business Address & Street	eference?	_ () Telephone Your Super	No.	State	
Name of Employer Type of Business Address & Street Dates of Employment: From		_ () Telephone Your Super	No.	State	
Name of Employer Type of Business Address & Street Dates of Employment:		_ () Telephone Your Super	No.	State	

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name	Last Name	()			
Address & Street		City		State	Zip
Occupation		No. of Years Acquainted			

References, continued

First Name	Last Name		_ () Telephon			
Address & Street		City		State	Zip	
Occupation		No. of Years Acquainted				
First Name	Last Name		_ () Telephon			
Address & Street		City		State	Zip	
Occupation		No. of Years Acquainted				

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
Initials	I hereby authorize Houma Family Dental to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Houma Family Dental, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
Initials	I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Houma Family Dental. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Houma Family Dental, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and Houma Family Dental's designated representative.
Initials	Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Houma Family Dental, I am entitled to copies of any such public records obtained by Houma Family Dental unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.
	I waive receipt of a copy of any public record described in the paragraph above.