



OFFICE USE ONLY:

Position \_\_\_\_\_

Location \_\_\_\_\_

### EMPLOYMENT APPLICATION

6 Day Dental & Orthodontics® hires solely on the basis of merit. It is our policy 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.

#### 1. PERSONAL INFORMATION *(Please Print Clearly)*

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Last First Middle Initial

ADDRESS \_\_\_\_\_  
No. & Street City State Zip

E-MAIL \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Previous name(s) by which you have been known for the last 10 years \_\_\_\_\_

TELEPHONE(S) ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Cell

POSITION APPLIED FOR \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

How did you find out about this position? \_\_\_\_\_

Have you been employed previously by us?  No  Yes Date(s)? \_\_\_\_\_

Position(s) held? \_\_\_\_\_

Are you legally authorized to work in the United States of America?  Yes  No

A. Have you ever resigned from a position rather than face disciplinary action?  Yes  No

B. Has any disciplinary action been brought against you which resulted in your being discharged from employment?  Yes  No

C. Have you ever been convicted of any crime (felony or misdemeanor)?  Yes  No

If you answered YES to any of the questions above, provide specifics or an explanation for the response on the last page of this application. If you elect not to provide specifics, or if such an explanation is insufficient, a confidential investigation may be initiated. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

#### HYGIENISTS & DOCTORS ONLY

1. Have you had a medical malpractice claim filed against you?  Yes  No

*If you answered YES, please provide specifics or an explanation on the last page of this application.*

2. Have you had a State Dental Board Claim filed against you?  Yes  No

*If you answered YES, what state? \_\_\_\_\_ Please provide specifics or an explanation on the last page of this application.*

**2. EMPLOYMENT HISTORY** *Begin with present or most recent employer. 6 Day® will contact one of the following past employers.*

Employer	Telephone (      )	<b>Dates Employed</b>		<b>Duties Performed</b>
Address		<b>From</b>	<b>To</b>	
Job Title		<b>Full-Time</b>	<b>Part-Time</b>	
Supervisor				
Reason for Leaving		<b>Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Ok to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employer	Telephone (      )	<b>Dates Employed</b>		<b>Duties Performed</b>
Address		<b>From</b>	<b>To</b>	
Job Title		<b>Full-Time</b>	<b>Part-Time</b>	
Supervisor				
Reason for Leaving		<b>Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Ok to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employer	Telephone (      )	<b>Dates Employed</b>		<b>Duties Performed</b>
Address		<b>From</b>	<b>To</b>	
Job Title		<b>Full-Time</b>	<b>Part-Time</b>	
Supervisor				
Reason for Leaving		<b>Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Ok to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**SPECIAL SKILLS, QUALIFICATIONS AND HONORS** *Summarize special skills, qualifications, and honors acquired from employment, education or other experience.*

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*List any other organizations of which you are a member. Include any volunteer or community service as well as major assignment or office held.*

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### 3. EDUCATION

Name & Address	# of Years Completed	Did You Graduate	Degree, Diploma or Certificate Received
High School:			
College or Technical School:			
Special Training:			

**4. REFERENCES** Please list **3 PROFESSIONAL** references who are not related to you and who have observed your work.  
(Include **at least one dentist** if applying for a **clinical position**.)

Name & Address	Telephone
	(     )
	(     )
	(     )

### AGREEMENTS & ACKNOWLEDGEMENTS BY APPLICANT

*I hereby declare that the information provided by me is true, factual, and complete. I understand that false or incomplete statements or misrepresentations may disqualify me for employment or cause my subsequent dismissal. If employed by 6 Day Dental & Orthodontics®, I understand that I may be required to supply additional personal information for the purpose of determining my eligibility for benefits and for statistical data.*

*I acknowledge that nothing in this application or in the 6 Day Dental & Orthodontics® hiring process creates a contract of employment. 6 Day Dental & Orthodontics®, should I obtain employment, retains its right to terminate my employment in accordance with the law. I hereby authorize 6 Day Dental & Orthodontics® to verify my credentials and investigate me (including DMV check and a consumer investigative report) as allowed by law. This verification process may include discussions with references I have listed, co-workers, friends, and business associates, and others who 6 Day Dental & Orthodontics®, in its sole judgement, believes has relevant information. I will not make any claims against the Company or persons the Company may contact during the investigation of references and my application in general. I hereby release the Company and such persons from any and all claims related in any way to such reference checks or investigation of my application in general.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

