



# Wendel Family Dental Centre

## Employment Application

WFDC is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. WFDC is an AT-WILL employer, meaning that either the employer or employee can end the employment relationship at any time, for any reason.

**Applicant Information:**

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone #'s: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

How did you learn of this opening? Newspaper: \_\_\_\_\_ Friend: \_\_\_\_\_ Other: \_\_\_\_\_

Are you 18 years or older? Yes No When can you start working? \_\_\_\_\_

Times: Ex. (Mon: 7-7) Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_

Salary desired \$ \_\_\_\_\_ Type of employment: Full-time Part-time Other: \_\_\_\_\_

Are you employed now? Yes No May we contact your present employer? Yes No

Have you applied for employment with WFDC before? Yes No If yes, when? \_\_\_\_\_

**Education and Formal Training:**

Do you have a high school diploma or GED certificate?      High School Diploma      GED certificate						
Neither						
Name of college, trade school, business school, etc.	Location	Major	Credits	GPA	Graduated	Degree
					Yes   No	
					Yes   No	
					Yes   No	

**Current and former employers (please attach resume in addition to filling out the following information):**

Dates of Employment	Name and Address of Employer:	Telephone Number:	Start/End Salary:	Position (s) Held:	Supervisor:	Reason for leaving:
From To						
From To						
From To						

Have you been convicted of a crime within the last 7 years?      Yes      No

If yes, please explain: \_\_\_\_\_

Are you legally entitled to be employed in the United States?      Yes      No

<b>Technical Skills:</b>	RDH	<b>Clerical Skills:</b>	Other: _____
	RDH/EF		Dental Software
	EDDA/RDA		Dental Terminology
	Surgery		Typing: _____wpm
	X-Ray		Word
Coronal Polish	CDA	Excel	Supervisory: _____yrs
	IV Sedation		

Please provide any additional information such as special skills, training, management experience, or qualifications that you feel would be helpful to us in considering your application: \_\_\_\_\_

**REFERENCES:** Please list three individuals not related to you, who you have known for at least one year:

Name	Address	Home Phone	Work Phone	Years Known	How Known	Best Place to Reach

**Emergency contact:**

Name	Address	Home Phone	Work Phone	Relationship

**Please read the following statement carefully before signing to indicate your understanding**  
 I understand and agree that, if hired, my employment is AT-WILL. THIS MEANS THAT, IF HIRED, EITHER THE COMPANY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the above listed references and all employers to provide you with any and all applicable information that they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to defamation claims I may now have or will have against them.

\_\_\_\_\_  
 Signed Date

**WFDC IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER**

**FOR EMPLOYER USE ONLY:**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Hired: Yes No

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_ Wage: \_\_\_\_\_

Comments: \_\_\_\_\_