



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: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ (Email) _____

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 Available Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____

Pay desired \$ _____ Type of employment: Full-time Part-time Other: _____

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

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
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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	Phone Number	Years Known	How Known

Other Contact (Optional)

Name	Address	Phone Number	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 Wendel Family Dental Centre 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 employers to provide Wendel Family Dental Centre 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 Wendel Family Dental Centre.

Signed _____

Date _____

FOR EMPLOYER USE ONLY:

Interviewed By: _____ Date: _____ Hired: Yes No

Starting Date: _____ Position: _____ Wage: _____

Comments: _____