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PERSONAL GOALS & OBJECTIVES

WHY ARE YOU CONSIDERING LEAVING YOUR PRESENT EMPLOYER? _____

WHAT PROMPTS YOU TO APPLY AT ELMHURST DENTISTRY FOR KIDS? _____

WHAT FACTORS ARE IMPORTANT IN CHOOSING AN EMPLOYER? _____

WHAT ARE YOUR CAREER GOALS? _____

EMPLOYMENT HISTORY

LIST ALL EMPLOYMENT INCLUDING MILITARY SERVICE AND SELF-EMPLOYMENT (Account for all periods during at least the last three years)

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| If presently employed, may we contact Your employer for references? <input type="checkbox"/> YES <input type="checkbox"/> NO | May we contact you at your place of employment? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable |
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|---------------------------|---------------------|------------------|----------------|
| Present or Last Employer: | Supervisor's Name: | From (Mo.& Yr.): | To (Mo.& Yr.): |
| Address: | Responsibilities: | Title: | |
| City, State, Zip: | | Starting Salary: | |
| Phone Number: () | Reason for Leaving: | Last Salary: | |

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|---------------------|---------------------|-------------------|-----------------|
| Employer: | Supervisor's Name: | From (Mo. & Yr.): | To (Mo. & Yr.): |
| Address: | Responsibilities: | Title: | |
| City, State, Zip: | | Starting Salary: | |
| Phone Number: () | Reason for Leaving: | Last Salary: | |

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|---------------------|---------------------|-------------------|-----------------|
| Employer: | Supervisor's Name: | From (Mo. & Yr.): | To (Mo. & Yr.): |
| Address: | Responsibilities: | Title: | |
| City, State, Zip: | | Starting Salary: | |
| Phone Number: () | Reason for Leaving: | Last Salary: | |

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|---------------------|--------------------|-------------------|-----------------|
| Employer: | Supervisor's Name: | From (Mo. & Yr.): | To (Mo. & Yr.): |
| Address: | Responsibilities: | Title: | |
| City, State, Zip: | | Starting Salary: | |
| Phone Number: () | Reason for leaving | Last Salary: | |

MISCELLANEOUS INFORMATION

(Disclosure of information below will not necessarily disqualify you from employment consideration)

ARE YOU OVER THE AGE OF 18? YES NO

ARE YOU A U.S. CITIZEN OR LEGAL RESIDENT OF THE UNITED STATES? YES NO

HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME: YES NO
If YES, please list name(s) _____

HAVE YOU EVER BEEN FIRED FROM A JOB? YES NO
If YES, please explain _____

HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO OR PLED NO CONTEST TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? YES NO
If YES, please explain _____

ARE YOU OR HAVE YOU EVER BEEN A SEX OFFENDER REGISTERED WITH ANY FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY, INCLUDING ANY LISTING ON A PUBLIC WEBSITE? YES NO

ARE YOU AWARE THAT MANY OF ELMHURST DENTISTRY FOR KIDS POSITIONS REQUIRE SPECIFIC ABILITIES SUCH AS LIFTING AND QUICK REFLEXES? YES NO
(Please refer to the job description for the position on which you are seeking specific information).

PLEASE CHECK WHICH DAYS AND SHIFTS YOU ARE AVAILABLE TO WORK:
 MON. TUE. WED. THU. FRI. SAT. SUN.

REFERENCES

PLEASE LIST THREE PERSONAL OR PROFESSIONAL CHARACTER REFERENCES WHO ARE NOT RELATED TO YOU:

NAME

OCCUPATION

TELEPHONE NUMBER

SPECIAL SKILLS & QUALIFICATIONS

PLEASE LIST ANY CERTIFICATIONS, LICENSES, TRAINING, SPECIFIC JOB SKILLS, OR OTHER QUALIFICATIONS WHICH YOU FEEL MAY CONTRIBUTE TO YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING: _____

ORGANIZATIONS, INTERESTS & VOLUNTEER WORK

PLEASE LIST ANY PROFESSIONAL OR SOCIAL ORGANIZATIONS TO WHICH YOU BELONG, ANY LEADERSHIP POSITIONS, SUCH AS HOLDING AN OFFICE, ANY VOLUNTEER WORK YOU HAVE DONE, AND ANY HOBBIES, TALENTS, OR SPECIAL INTERESTS YOU HAVE.

APPLICANT'S STATEMENT

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE to the best of my knowledge and belief, and authorize inquiries into of any and all information given which may be necessary in arriving at an employment decision. This application for employment shall be considered active for three (3) months. I understand that neither this document nor any offer of employment from Elmhurst Dentistry for Kids constitutes an employment contract, unless there is executed by the employer and employee in writing a specific document to that effect.

In the event of employment, I understand that false or misleading information given in my application or interview(s), or at any time subsequent to being hired, may result in immediate discharge, I agree to:

- 1) Treat the children we serve and my co-workers with kindness and consideration;
- 2) Report improper treatment of children;
- 3) Follow established rules and regulations as they apply.
- 4) Arrive punctually for assigned work days.
- 5) Permit inspection of my belongings and containers by proper facility authorities, when deemed appropriate;
- 6) I agree to a physical examination which, in part, shows that I am free from communicable diseases;
- 7) Submit to a drug screen, given sufficient cause to warrant one.
- 8) Dress in accordance with the dress code.
- 9) Refrain from smoking in all areas designated as non-smoking;
- 10) Conduct only Company business while on Company premises;
- 11) Work for the benefit of the Company;
- 12) I understand that any falsification of records, such as this application, insurance forms, and data collection on the job, dishonesty, or theft of resources from the agency, my co-workers, or any of the children we treat, may result in my dismissal;
- 13) I understand that my performance will be evaluated with regard to my growth and successful accomplishment of goals at regular intervals on an ongoing basis.

Signature of Applicant

Date