



EMPLOYMENT APPLICATION

Position applied for: _____

Date of application: _____

Office Location:

- Admin
- Eugene
- Bend
- Boardman
- Florence
- Heppner
- Hermiston
- La Pine
- Lowell
- North Bend
- Salem
- Tigard

Last Name	First Name	Middle Initial
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Street Address	City	State	Zip
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() _____

Home Phone

() _____

Cell Phone

E-Mail Address

Are you under the age of 18?: Yes / No

Have you ever worked for Oregon Dental Professionals? Yes / No

If yes, when: _____

If hired, when can you start?: _____

Have you ever been convicted of a criminal act?: Yes / No

If yes, please explain: _____

Emergency Contact Person: _____

Relationship: _____

Phone: () _____

WORK EXPERIENCE

Start with your most recent position and provide all information requested. A resume may be attached in addition to the information requested below, but not in place of it.

Employer	Address	Supervisor	Telephone Number
			()
Dates Employed	Job Title	Starting Salary	Ending Salary
		\$	\$
Duties:			
Reason for Leaving			

Employer	Address	Supervisor	Telephone Number
			()
Dates Employed	Job Title	Starting Salary	Ending Salary
		\$	\$
Duties:			
Reason for Leaving			

Employer	Address	Supervisor	Telephone Number
			()
Dates Employed	Job Title	Starting Salary	Ending Salary
		\$	\$
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			()
Dates Employed	Job Title	Starting Salary	Ending Salary
		\$	\$
Duties:			
Reason for Leaving			

EDUCATION AND TRAINING

Type of School	Name and Address of School	Course Major	Years Completed	Graduate?	List Degree/s
High School				Yes / No	
College				Yes / No	
Trade/Technical				Yes / No	
Post Graduate				Yes / No	
Other Education				Yes / No	

ADDITIONAL QUALIFICATIONS

Are there any special technical, computer skills, or experiences you feel would especially qualify you for the position for which you are applying?: _____

APPLICATION AGREEMENT

All of the information I have supplied on this application is true and complete to the best of my knowledge. Any falsifications on this application, resume or in an interview can be justification of denial of employment or, if discovered once employed, grounds for termination. Oregon Dental Professionals is hereby authorized to contact my current and previous employers as references, except as listed below. These references include, but are not limited to, an evaluation of my job performance, ability, suitability, and/or any other information they may have, personal or otherwise.

Are there any employers you do not want us to contact?: _____

I understand that Oregon Dental Professionals may require that I take and pass a urine drug test before my employment is finalized.

I authorize Oregon Dental Professionals to fingerprint and obtain criminal background reports on me.

I understand that my employment at Oregon Dental Professionals is "at will" and can be terminated at any time for any reason by Oregon Dental Professionals or myself.

Signature

Date