

Tippin Dental Group

Employment Application

Applicant Information

Full Name:						Date:		
<i>Last</i>			<i>First</i>			<i>M.I.</i>		
Address:						Apartment/Unit #		
<i>Street Address</i>						<i>State</i>		<i>ZIP Code</i>
Phone:	()		E-mail Address:					
Date Available:			Social Security No.:				Desired Salary:	\$
Position Applied for:								
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>					
If yes, explain:								

Education

High School:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

References

Please list three professional references.

Full Name:				Relationship:					
Company:				Phone:		()			
Address:									
Full Name:				Relationship:					
Company:				Phone:		()			
Address:									
Full Name:				Relationship:					
Company:				Phone:		()			
Address:									

Employment History

Company:					Phone:	()	
Address:					Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:	\$	
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES	NO		
				<input type="checkbox"/>	<input type="checkbox"/>		
Company:					Phone:	()	
Address:					Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:	\$	
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES	NO		
				<input type="checkbox"/>	<input type="checkbox"/>		
Company:					Phone:	()	
Address:					Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:	\$	
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES	NO		
				<input type="checkbox"/>	<input type="checkbox"/>		

Disclaimer and Signature

I authorize investigation of all statements in this application. I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I further understand and agree that my employment is at will and is for no definite period and may, regardless of the date of pay of my compensation be terminated at any time without any previous notice.

Signature:				Date:	
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**Remarks
For Office Use only**

Interviewed By:				Date:	
Remarks:					
Date Hired:		Report Date:			
Position:		Starting Salary:	\$		
Manager:					