

# TURLEY DENTAL CARE

315 North 25<sup>th</sup> Street

Billings, MT. 59101

&

1002 Shiloh Crossing Blvd

Billings, Mt. 59102

## APPLICATION FOR EMPLOYMENT

Please complete all requested information.

This application is good for 90 days only. Consideration for employment after 90 days requires a new application.

Position(s) Applied For \_\_\_\_\_ Date \_\_\_\_\_

How Did You Learn About Us?

Advertisement       Relative       Inquiry  
 Employment Agency       Friend       Other \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Message Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### GENERAL INFORMATION

Type of employment desired:  Full-time     Part-time     Temporary     Seasonal

Available for:                       Weekends     Holidays     Rotating Shifts     On-Call

On what date would you be available to work? \_\_\_\_\_

Do you need an accommodation to participate in the application or interview process?     Yes     No

Are you over 18 years of age?  Yes     No    If **no**, please list your age. \_\_\_\_\_

Do you have any relatives employed by this facility?  Yes     No    If yes, name of relative. \_\_\_\_\_

Are you legally eligible for employment in the United States?     Yes     No

During the last seven years, have you ever been arrested, charged or convicted of a felony?

Yes     No

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

A "yes" answer will not automatically disqualify you from employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime as it relates to specific occupational categories and rehabilitation will be considered.

## EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Address)	CIRCLE LAST GRADE/YEAR COMPLETED	MAJOR & DEGREE
High School			10    11    12	
College			1    2    3    4	
College			1    2    3    4	
College			1    2    3    4	
Business or Trade School			1    2    3    4	
Business or Trade School			1    2    3    4	

## ADDITIONAL INFORMATION

**Skills and Qualifications.** Summarize any training, skills, and areas of specialization or major interest that may qualify you as being able to perform job-related functions in the position for which you are applying. Include any health care, business, or industrial equipment operated.

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**United States Military Training.** Summarize any job-related training you received in the United States military.

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**Professional Licenses and/or Certifications.**

If licensed, registered or certified, list:

Type: \_\_\_\_\_ State Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ No.: \_\_\_\_\_

Type: \_\_\_\_\_ State Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ No.: \_\_\_\_\_

## EMPLOYMENT HISTORY

Please fill this section out completely and do not write, "see resume." Begin with your most recent employment.

<u>COMPANY</u> Name	Address
_____	
Job Description (duties, skills, equipment used) _____	
_____	
_____	
Dates of employment: Start ____/____/____ End ____/____/____ Starting Salary _____ Ending Salary _____	
Reason for leaving _____	
Person to Contact _____ Phone Number _____	

<u>COMPANY</u> Name	Address
_____	
Job Description (duties, skills, equipment used) _____	
_____	
_____	
Dates of employment: Start ____/____/____ End ____/____/____ Starting Salary _____ Ending Salary _____	
Reason for leaving _____	
Person to Contact _____ Phone Number _____	

<u>COMPANY</u> Name	Address
_____	
Job Description (duties, skills, equipment used) _____	
_____	
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Dates of employment: Start ____/____/____ End ____/____/____ Starting Salary _____ Ending Salary _____	
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<u>COMPANY</u> Name	Address
_____	
Job Description (duties, skills, equipment used) _____	
_____	
_____	
Dates of employment: Start ____/____/____ End ____/____/____ Starting Salary _____ Ending Salary _____	
Reason for leaving _____	
Person to Contact _____ Phone Number _____	

If you need additional space, please continue on a separate sheet of paper.

If you do not want us to contact any of the above listed current or former employers, please list below and state the reason you do not want each contacted.

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## REFERENCES

**Professional References:** Give three references who are not relatives or former employers.

Name	Address	Phone Number
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## APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with **Turley Dental Care** is true, complete and correct. If any information provided by me is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to cancel further consideration of this application, or immediately discharge me from **Turley Dental Care** service, whenever it is discovered.

I expressly authorize **Turley Dental Care** and its agents, without reservation, to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information regarding me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding **Turley Dental Care** or its agents for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that **Turley Dental Care** will require a Pre-employment drug test and background check prior to any finalization of employment with Turley Dental Care.

I understand that **Turley Dental Care** does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that completion of this Application for Employment does not guarantee that COMPANY has employed me.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_