



APPLICATION FOR EMPLOYMENT

By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our patients and contributing to the success of the organization. All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

Position Applying For: _____ Salary Requirement: _____

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State & Zip Code _____

Phone Number (Cell) _____ Phone Number (other) _____ Email Address _____

If you were offered an opportunity, on what date are you available to begin work? _____

Are you interested in Full-time Part-time Temporary?

If hired, would you have a reliable means of transportation to and from work..... Yes No

If hired, will you be able to present evidence of your identity and legal right to work in this country..... Yes No

Employer is open **Mon to Fri 7:00am to 6:00pm & Sat 8:00am to 4:00pm**. Please indicate any days or times that you will NOT be available for work.

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume. Employer will not contact a current employer unless indicated as acceptable.

Employer Name _____	Supervisor's Name _____
Position(s) Held _____	Dates Employed _____
Responsibilities: _____	
Reason For Leaving: _____ May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Reason for Leaving: _____ May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been involuntarily terminated or asked to resign from any job?..... Yes No
 If yes, please explain _____
 Please explain any gaps in your employment history: _____

Education

Please describe your educational background in the table provided below.

	School Name	Graduate (yes/no)	Area of Study/Degree
High School			
College/ University			
Graduate/ Professional School			
Trade School/Other			

Please list any other experience, job related skills, additional languages, licenses, certifications or other qualifications that you believe should be considered in evaluating your qualifications for employment.

Professional and Personal References

Please list three professional references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number or Email

Please list two personal references of individuals whom you would like us to contact on your behalf

Name and Title	Relationship and Years Acquainted	Phone Number or Email



Applicant Statement and Agreement

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize Canyon Crest Dental, as allowed by law, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to Canyon Crest Dental any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Canyon Crest Dental, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ In the event of my employment with Canyon Crest Dental, I understand that I am required to comply with all rules, regulations and policies of the Company.

_____ If hired, I understand and agree that my employment with Canyon Crest Dental is at-will, and that neither I, nor Canyon Crest Dental is required to continue the employment relationship for any specific term. I further understand that Canyon Crest Dental or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that safety of employees is extremely important to Canyon Crest Dental and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I understand that if I am aware that I am unable to perform the essential functions of the job for which I am applying, I shall make that information known to Canyon Crest Dental prior to accepting an offer of employment.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ In accordance with Labor Code 432.3, I hereby certify that Canyon Crest Dental has not, orally or in writing, personally or through an agent, sought salary history information, including compensation and benefits, at any point during this application process. Any relative information which has been shared was done so voluntarily.

_____ I understand that if I am selected for hire that Canyon Crest Dental will ask that I complete the pre-employment process for the position for which I am applying. I understand that Canyon Crest Dental shall ensure that all pre-screening and employment tests conducted are applied evenly and are properly validated for the positions and purposes for which they are used. I further understand that any tests or other selection procedures employer administers will be done impartially and without regard to race, color, national origin, sex, religion, or any other characteristic or status protected by federal, state or local law.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Applicant Signature

Date