



EMPLOYMENT APPLICATION

Date: _____

PERSONAL INFORMATION

First Name _____ Last Name _____ Middle Name _____

Address: _____
Street City State Zip code

Cell Phone: _____ Email: _____

EMPLOYMENT DESIRED

Position applying for: _____

What type of work are you applying for: ☐ Full-time work ☐ Part-time work

What days and hours are you available for work?

No Pref: _____ Mon: _____ Tue: _____ Wed: _____ Thur: _____ Fri: _____ Sat: _____

If hired, when can you start work? ☐ Immediately ☐ Date: _____

Salary desired: _____

Are you able to work overtime with minimum notice? ☐ Yes ☐ No

Have you ever applied to or worked for Total Care Dental & Orthodontics before?

☐ Yes ☐ No If yes, when? _____

Do you have any friends or relatives working for Total Care Dental & Orthodontics? ☐ Yes ☐ No

If yes, state name(s) and relationship: _____
Name Relationship

Why are you interested in working here? _____

Do you speak any languages other than English? ☐ No ☐ Yes Please specify: _____

Are you open to working at multiple office locations (if applicable)? ☐ Yes ☐ No

Are you at least 18 years of age?

☐ Yes ☐ No

Are you eligible to work in the US?

☐ Yes ☐ No

If hired, would you have reliable means of transportation to and from work?

☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

☐ Yes ☐ No

If no, describe the functions that cannot be performed: _____

Education, Training and Experience

School	Name and Address	No. of years completed	Did you graduate?	Degree or Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any training, license/or certificates you have that may help to qualify you for the position you are applying, include trade, vocational, military, etc. Indicate type of training, where acquired, dates and whether you completed it successfully: _____

Employment History

List below all present and past employment starting with your most recent employer (**last five years is sufficient**). Account for all periods of unemployment. Attach additional sheets if necessary. You must complete this section even if attaching a resume.

PREVIOUS EMPLOYER

Employer: _____ Dates of Employment: _____
From To

Reason(s) for Leaving (be specific): _____

Employer Phone: _____ Supervisor's Name: _____

May we contact this employer for a reference? ☐ Yes ☐ No

Address: _____
Street City State Zip code

Your Position and Duties: _____

PREVIOUS EMPLOYER

Employer: _____ Dates of Employment: _____
From To

Reason(s) for Leaving (be specific): _____

Employer Phone: _____ Supervisor's Name: _____

May we contact this employer for a reference? ☐ Yes ☐ No

Address: _____
Street City State Zip code

Your Position and Duties: _____

PREVIOUS EMPLOYER

Employer: _____ Dates of Employment: _____
From To

Reason(s) for Leaving (be specific): _____

Employer Phone: _____ Supervisor's Name: _____

May we contact this employer for a reference? ☐ Yes ☐ No

Address: _____
Street City State Zip code

Your Position and Duties: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

1. REFERENCE

First Name _____ Last Name _____ Middle Name _____

Address: _____
Street City State Zip code

Cell Phone: _____ **Email:** _____

Occupation: _____ **Number of Years Acquainted:** _____

2. REFERENCE

First Name _____ Last Name _____ Middle Name _____

Address: _____
Street City State Zip code

Cell Phone: _____ **Email:** _____

Occupation: _____ **Number of Years Acquainted:** _____

3. REFERENCE

First Name _____ Last Name _____ Middle Name _____

Address: _____
Street City State Zip code

Cell Phone: _____ **Email:** _____

Occupation: _____ **Number of Years Acquainted:** _____

PLEASE READ AND SIGN BELOW:

Thank you for your interest in employment with **Total Care Dental & Orthodontics**. We are an **equal opportunity employer** and comply with all applicable federal, state, and local laws prohibiting discrimination in employment. We do not discriminate based on race, religion, creed, color, age, sex, national origin, ancestry, disability, medical condition, marital status, veteran status, sexual orientation, or any other status protected by law. Your opportunity for employment depends solely on your qualifications.

We participate in the **E-Verify** program to confirm work authorization.

Any offer of employment is **contingent** upon:

- Submission of documentation verifying your eligibility to work in the United States;
- Successful completion of background and reference checks;
- Your agreement to sign a **Confidentiality Agreement** and **At-Will Employment Agreement**; and
- If applicable, a negative result on a **drug and alcohol screening**.

We take your privacy seriously. **Your personal data will be used only for the purpose of evaluating your application** and will not be shared with unauthorized third parties.

Please Read Carefully, Initial Each Paragraph and Sign Below

1. I certify that the information I have provided is true and complete to the best of my knowledge. I have not knowingly withheld any details that could affect my chances of employment. I also confirm that I personally completed this application. I understand that any false statement or omission of material fact—whether in this application or in any supporting document—may result in the rejection of my application or immediate termination if I am employed, regardless of when the information is discovered.

Initials

2. I authorize **Total Care Dental & Orthodontics** to verify my background, including contacting my references, previous employers, educational institutions, and any other sources deemed relevant. I authorize the individuals and organizations listed to share information about my qualifications and work history. I release the company, my former employers, and any other individuals or organizations from all liability that may arise from furnishing or receiving such information.

Initials

3. I understand that submitting this application and participating in any interviews does not create a contract or guarantee of employment. No statements made by the company, whether verbal or written, will be binding unless confirmed in writing and signed by both the company and me.

Initials

4. I understand that employment with **Total Care Dental & Orthodontics** is **at-will**. This means I may resign at any time, and the company may terminate my employment at any time, with or without cause or notice.

Initials

5. If the company conducts a search of public records (including arrests, convictions, civil judgments, tax liens, or similar matters), I understand that I am entitled to receive copies of those records. I may choose to waive this right by checking the box below. Regardless of this waiver, I will still be given a copy of any such records if they are used as a basis for denying employment.

Initials

☐ I waive my right to receive a copy of any public record obtained by the Company unless it is used as the basis for a decision not to hire me.

ACKNOWLEDGMENT

I certify that I have personally completed this application and that the information provided is true and complete to the best of my knowledge. I have not knowingly withheld any details that could negatively affect my chances of employment.

I understand that any false statement, omission, or misrepresentation—whether in this application or in any supporting documents—may result in the rejection of my application or, if employed, immediate termination, regardless of when the information is discovered.

Applicant Signature

Date