

St. Johnsbury Dental Associates

1 Place Notre Dame, St. Johnsbury VT 05819
Phone: 802-748-9357 Fax: 802-748-8770

Employment Application

Applicant Information											
Full Name:						Date:					
	Last	First				٨	1.I.				
Address:											
	Street Address								Apartment/Unit #		
	City					S	State		ZIP C	ode	
Phone:			Er	mail							
Date Available: Socia		ocial Security No.:	al Security No.:			Desired Salary: \$					
Position Appl	lied for:										
Are you a citizen of the United States?		YES NO		If no, are you authorized to work in the U.			.S.?	YES	NO		
Have you ever worked for this company?		YES NO	O l	If yes, w	hen? _						
Have you ever been convicted of a felony?		YES NO									
If yes, explain	n:										
			Educ	ation							
High School: Address:											
From:	То:	Did you gradua	ate?	YES	NO	Diploma	n:				
College		Addre	occ.								
•		Addit									
From:	To:	Did you gradua	ate?	YES	NO	Degree	e:				
Other:		Address:									
From:	To:	Did you gradua	ate?	YES	NO	Degree	:				
			Refer	ences							
Please list th	nree professional references.										
Full Name:						R	elations	ship:			

1				1				
Company:				Phone:				
Address:								
Full Name:				Relationship:				
Company:				Phone:				
Address:								
Full Name:				Relationship:				
Company:				Phone:				
Address:								
Previous Employment								
Company:				Phone:				
Address:				Supervisor:				
Job Title:	Starting Sa	ılary: \$		Ending Sa	alary: \$			
Responsibilities:								
From:	To:	Reason to	or Leaving:					
YES NO May we contact your previous supervisor for a reference? □ □								
	,							
Company:				Phone:				
Address:				Supervisor:				
Job Title:	Starting Salary: \$			Ending Sa	alary: \$			
Responsibiliti	es:							
From:	To:	Doggon f	or Looving:					
FIOIII.	To:							
May we conta	act your previous supervisor for a reference?	YES □	NO □					
Company:				Phone:				
Address:				Supervisor:				
lob Title								
Job Title:	Starting Sa	ııary: \$		_ ⊨nding Sa	alary: \$			
Responsibilities:								
From:	To	Reason f	or Leaving:					
1 10111.	To:	i veason n	or Leaving.					

May we contact your previous supervisor for a reference?	YES	NO	
Military S	ervice		
Branch:		From:	To:
Rank at Discharge:	Type of D	ischarge:	
If other than honorable, explain:			
Disclaimer and	d Signatu	re	
I certify that my answers are true and complete to the best of my kn	owledge.		
I authorize the St. Johnsbury Dental Associates (the "Employer") to authorize former employers, educational institutions, and credit age also authorize the Employer to give references and provide informa hired. I understand that falsification, misrepresentation, or omission employed, may result in immediate dismissal. I understand and agrand may, regardless of the date of payment of wages, be terminated at the will of either myself or the Employer. I also understand and a continued employment, except Employer, in a formal written agreed	ncies to rel tion about i of request ree that, if I d at any tin gree that n	ease informatione in response the facts may raired, my emplore without prevoone has authout prevoone prevoon	on concerning me to the Employer. It is to inquiries to my employment if result in denial of employment or if soyment will be for no definite period vious notice and with or without reason thority to promise me job security or
Signature:			Date:

St. Johnsbury Dental Associates is an equal opportur of gender, race, color, religion, creed, national origin, status.	nity employer and does not di ancestry, age, disability, mar	scriminate against applicants or ital or veteran status, or any ot	r employees on the basis her legally protected