

Peter T. Smrecek, Jr., DDS, Inc

Application for Employment

Position(s) applied for _____ Date of Application ____/____/____
Name _____ Social Security Number _____
Address _____ Email Address _____
Telephone _____ Cell Phone _____

Are you legally eligible for employment in the U.S.: Yes:___ No:___ (Proof of identity and U.S. citizenship or immigration status will be required upon employment.)

Have you ever been employed with this Practice before: Yes ___ No ___ If yes, please provide dates, position held, and reason for leaving:

Have you ever been convicted of a felony – do not include information regarding any marijuana conviction that is more than two years old: Yes___ No ___ (A conviction may be relevant if job-related, but does not necessarily bar you from employment.)

If yes: Conviction date: _____ Explanation: _____

If offered a job and are under 18 years of age, can you furnish a work permit: Yes ___ No ___

Driver's license number (if position applied for requires driving) _____

Class _____ State _____

Date available to start work ____/____/____ I am available to work: Full-time: _____

Part-time: _____ Temp: _____

EDUCATIONAL BACKGROUND:

High School name and location: _____

Did you graduate? _____

College name and location: _____

Major / degree obtained _____

SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications acquired from employment, membership in professional organizations or other experiences that may qualify you for work with our Practice. Exclude those that indicate race, color, religion, gender, gender identity, national origin, ancestry, age, physical or mental disability, medical condition, sexual orientation or marital status.

REFERENCES:

Name and phone number: _____

Name and phone number: _____

Name and phone number: _____

EMPLOYMENT HISTORY:

Starting with the most recent, list your prior employers or work experience for the past 10 years. You may include military service and volunteer activities that are related to job experience.

From _____ To _____ Hourly rate / salary _____

Employer / Address / Phone _____

Job title and duties _____

Last immediate supervisor and title _____

Reason for leaving _____

From _____ To _____ Hourly rate / salary _____

Employer / Address / Phone _____

Job title and duties _____

Last immediate supervisor and title _____

Reason for leaving _____

From _____ To _____ Hourly rate / salary _____

Employer / Address / Phone _____

Job title and duties _____

Last immediate supervisor and title _____

Reason for leaving _____

I hereby certify that all of the foregoing information I have supplied in this application is correct and complete. I understand and agree to allow *Peter T. Smrecek, Jr., DDS, Inc.* (“the Practice”) to verify the information provided. I further understand that any falsification of information will constitute grounds for immediate dismissal upon discovery thereof. I give the Practice permission to contact any or all of my previous employers and references for full information and hereby release *Peter T. Smrecek, Jr., DDS, Inc.* from any and all liability for doing so.

If employed and in consideration of my employment, I agree to conform to the rules, policies and procedures of *Peter T. Smrecek, Jr., DDS, Inc.* **I understand that, if hired, I will be an at-will employee, which means that I may terminate my employment at any time, that *Peter T. Smrecek, Jr., DDS, Inc.* may transfer, reassign, suspend or demote me at any time, and that my employment may be terminated at any time, with or without notice and with or without cause.** I further understand that no one has any authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the foregoing other than in a writing signed by me and Peter T. Smrecek, Jr., DDS.

Signature of Applicant: _____ Date: ____/____/____