



TRIAD DENTAL STUDIO

“Your Partner for Success”



707 Sunshine Way Greensboro, North Carolina 27409 • p. (336) 812-8707 (800) 318-6684 f. (336) 812-9656
YourPartner@TriadDentalStudio.com • www.TriadDentalStudio.com   

Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, sex, color, religion, national origin, disability or other protected classification that does not prohibit performance of essential job functions.

Name: _____ Date: _____

Address: _____
Street

_____ City _____ State _____ Zip Code

Phone Number: _____

Email Address: _____

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

Have you signed a Confidentiality, Non-Compete, Non-Solicitation agreement with your current or previous employers? Yes No

How did you learn of this opening? _____

Have you worked here before? Yes No Are you over 18 years old? Yes No

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes No

If yes, can you perform these essential functions with reasonable accommodations? _____

Are there hours, shifts or days you cannot or will not work? _____

Shift preferred: _____ Full-Time Part-Time

Are you willing to work overtime as required? Yes No

Background Report: Are you willing to authorize a release for a criminal background report? Yes No

| Education | | | |
|-------------------------------------|-----------------------------|-------------|------------------------------|
| | Name and Location of School | Major/Minor | Diploma/Degree/Certification |
| High School | | | |
| College/University | | | |
| Professional Training/ Education | | | |

Position(s) Applied For:

1: _____ Wage desired: _____

2: _____ Wage desired: _____

Work History

May we contact your present employer? Yes No

| | | |
|--|--|---------------------|
| May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Most Recent Employer: | Address: | Telephone: |
| Date Started: | Starting Salary: \$ _____ per _____ | Starting Position |
| Still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Date Left: | Ending Salary: \$ _____ per _____ | Ending Position: |
| Name and Title Of Supervisor: | | |
| Description Of Duties: | | Reason For Leaving: |
| | | |
| Previous Employer: | Address: | Telephone: |
| Date Started: | Starting Salary: \$ _____ per _____ | Starting Position |
| Date Left: | Ending Salary: \$ _____ per _____ | Ending Position: |
| Name and Title Of Supervisor: | | |
| Description Of Duties: | | Reason For Leaving: |
| | | |
| Previous Employer: | Address: | Telephone: |
| Date Started: | Starting Salary: \$ _____ per _____ | Starting Position |
| Date Left: | Ending Salary: \$ _____ per _____ | Ending Position: |
| Name and Title Of Supervisor: | | |
| Description Of Duties: | | Reason For Leaving: |
| | | |

In addition to your work history, what other experiences, skills or qualifications have you obtained that would enhance the position you are applying for at Traid Dental Studio?

Applicant Release For Referencing

Professional References

Reference #1:

Name: _____

Company: _____ Relationship: _____

Address: _____

Phone Number: _____ Email Address: _____

Reference #2:

Name: _____

Company: _____ Relationship: _____

Address: _____

Phone Number: _____ Email Address: _____

Reference #3:

Name: _____

Company: _____ Relationship: _____

Address: _____

Phone Number: _____ Email Address: _____

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize Triad Dental Studio to make an investigation of any of the facts set forth in this application and release Triad Dental Studio from any liability.

I understand that employment at Triad Dental Studio is "at-will", which means that either I or Triad Dental Studio can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of Triad Dental Studio, other than the president in a signed writing has any authority to alter the foregoing.

***** By signing this document, I am authorizing my professional references to provide employment verification and work reference.**

Applicant's Signature

Date