



# 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: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street

\_\_\_\_\_ Email Address: \_\_\_\_\_  
City State Zip Code

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		
<b>Most Recent Employer:</b>	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:
<b>Previous Employer:</b>	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:
<b>Previous Employer:</b>	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

*\*\*\* Submit this application via Internet Explorer. If your computer doesn't have Internet Explorer, use another browser, save application and email as an attachment.*