

Thompson Suburban Dental Laboratory

Employment Application

General Information

Last Name	First Name	Middle
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Current Address

City	State	Zip	Years at Current Location
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Home Phone	Mobile Phone	Date of Birth
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Previous Address

City	State	Zip	Years at Previous Location
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Employment History

Company Name	Position
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Address	City, State
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Name of Supervisor	Business Phone
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Period of Employment _____ Full-Time Part-Time

Description of Responsibilities

Reason for Leaving

Employment Objective

_____ Yes No
Social Security Number Are you legally eligible for employment in the US?

If yes, on what basis?_____

Full-Time Part-Time Intended start date_____

If applying for part-time, what hours are you available?_____

Position Desired_____ Expected Pay_____

Education

Do you have any Dental Laboratory Training? Yes No

If Yes, please describe_____

Are you a CDT? Yes No If Yes, in what area(s)?_____

If No, Are you studying for the C.D.T. Program? Yes No

References

Please provide names, addresses and contact information of three people who are familiar with your skills as a dental technician or for the position you are applying and whom you have known for at least one year.

Name Relation/Affiliation

Address Contact Number

Name Relation/Affiliation

Address Contact Number

I hereby declare that the information provided by me in the Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I understand that this Application for Employment is not a contract of employment. Any individual who is hired may voluntarily leave upon proper notice, and may be terminated by the employer at any time and for any reason. I understand that all oral statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective employees.

Signature _____ Date _____