

# Thompson Suburban Dental Laboratory

*Employment Application*

## General Information

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Last Name	First Name	Middle
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Current Address

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

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City	State	Zip	Years at Previous Location
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## Employment History

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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

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Description of Responsibilities

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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 \_\_\_\_\_