



Application for Employment

Please complete application in it's entirety and return either to our office at 3975 River Rd. N #5, Keizer, OR 97303, email to keizersmilecenter@gmail.com, or fax to 503.393.3053.

PERSONAL INFORMATION

Date: _____

Name: _____

Telephone: _____

Address: _____

Cell: _____ Email: _____

Are you at least 18 years of age? _____ Are you eligible to work in the U.S.? _____

Have you served in the military? _____ Reserves? _____ Branch? _____

POSITION INFORMATION

Title of position: _____ Wage Desired: _____

How did you hear about this position? _____

Date available for work: _____

Type of work desired (i.e., full time, part time, etc.): _____

List special skills, CE coursework, and experience related to this position: _____

EDUCATION HISTORY

Please list all High School, Business/Technical School, or College education obtained along with dates of attendance and certificates/degrees earned:

Additional Skills and Training _____

WORK HISTORY (Use additional sheets if necessary)

Company Name: _____ Address/Phone: _____

Dates: _____ Position: _____

Supervisor: _____ Reason for leaving: _____

Duties: _____

Company Name: _____ Address/Phone: _____

Dates: _____ Position: _____

Supervisor: _____ Reason for leaving: _____

Duties: _____

REFERENCES (Please list three)

Name: _____ Years Acquainted: _____
Address: _____ Telephone: _____

Name: _____ Years Acquainted: _____
Address: _____ Telephone: _____

Name: _____ Years Acquainted: _____
Address: _____ Telephone: _____

PERSONAL

Briefly explain why you feel that you are a good fit for this position in our practice:

EMERGENCY INFORMATION

In case of emergency, notify: _____ Address: _____
_____ Telephone: _____

APPLICANT’S STATEMENT (Please read and sign below)

I understand that this employment application and any other Practice documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period for ninety (90) days from the date of my hiring. I understand that, if I am employed, I can terminate my employment with or without cause and with or without notice, at any time, and the Practice has a similar right.

I grant permission to the Practice or its duly authorized representatives to contact any persons, companies, schools or healthcare providers named or referred to in the application (other than my present employer) and I hereby authorize those persons, companies, schools and healthcare providers to provide my record, reasons for leaving and all other information they have concerning me to the Practice. I further release all such parties and the Practice from any and all liability claims for damage whatsoever that may result from such contact or information.

The information given by me in this application is true and complete, and I agree that if the information is found to be false or misleading, that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

Signature of applicant: _____ Date: _____