

# APPLICATION FOR EMPLOYMENT

Mondlick Perio is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, or any other reason prohibited under Federal, State, or local laws.

**Please type or print. This application must be legible, fully completed, signed and dated for consideration**

## Applicant Contact Information

**Name:**

*Last*

*First*

*Middle Initial*

**Other Names Used:**

**Address:**

*Street*

*City*

*State*

*Zip Code*

**Phone:**

*Home Phone*

*Cell Phone*

**Email Address:**

Are you legally eligible for employment in the United States?  Yes  No

(Proof of U.S. Citizenship or immigration status will be required upon Employment)

Are you 16 years of age or older:  Yes  No

Have you applied here before?  Yes  No If yes, when? \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation?

Yes  No

*If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information is not an absolute bar to employment but false or misleading information is. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.*

## Educational Background

High School Education or GED passed?  Yes  No

If NO, please indicate highest grade completed:  8  9  10  11  12

College/University/Trade	City/State	Units	Degree/Diploma	Major	Date

US Military Service	Branch	Rank	Dates of Service	Type of Discharge
<input type="checkbox"/> Yes <input type="checkbox"/> No				

## **Employment History**

List all positions held, including part-time summer and/or volunteer work and periods of employment; do not omit any employers. Explain any gaps in employment in comment section. If you are submitting a resume, you are still required to provide the requested information in the space provided.

<b>Current Employer</b>		<b>Dates Employed</b>		<b>May we contact?</b>	
<b>Employer Name:</b>		From:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		To:		<b>If YES, Contact Name:</b>	
<b>Telephone:</b>					
<b>Address:</b>		<b>Starting Salary</b>		<b>Ending Salary</b>	
		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<b>Job Title:</b>					
<b>Reason for Leaving:</b>					
<b>Responsibilities:</b>					
<b>Current Employer</b>		<b>Dates Employed</b>		<b>May we contact?</b>	
<b>Employer Name:</b>		From:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		To:		<b>If YES, Contact Name:</b>	
<b>Telephone:</b>					
<b>Address:</b>		<b>Starting Salary</b>		<b>Ending Salary</b>	
		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<b>Job Title:</b>					
<b>Reason for Leaving:</b>					
<b>Responsibilities:</b>					
<b>Current Employer</b>		<b>Dates Employed</b>		<b>May we contact?</b>	
<b>Employer Name:</b>		From:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		To:		<b>If YES, Contact Name:</b>	
<b>Telephone:</b>					
<b>Address:</b>		<b>Starting Salary</b>		<b>Ending Salary</b>	
		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<b>Job Title:</b>					
<b>Reason for Leaving:</b>					
<b>Responsibilities:</b>					

**Special Training and Skills**

Are you X-Ray Certified?  Yes  No

When was your certification obtained? \_\_\_\_\_

Are you currently CPR Certified?  Yes  No

When does your certification expire? \_\_\_\_\_

(Assistants only) Have you DIRECTLY assisted with IV Sedation?  Yes  No

Please list languages spoken fluently, other than English: \_\_\_\_\_

Please list pertinent skills, special training, and equipment you are trained to operate: \_\_\_\_\_  
\_\_\_\_\_

Please list any other accomplishments, awards, professional groups of which you are a member, or additional information you would like us to consider: \_\_\_\_\_  
\_\_\_\_\_

**Additional Questions**

*Position Desired* \_\_\_\_\_ *Salary/Wage Desired* \_\_\_\_\_ *Date Available* \_\_\_\_\_  
Type of Employment Desired:  Full Time  Part Time  Temporary

<b>Professional/Work References:</b>	
List name and telephone number of three <b>professional/work</b> references who are not related to you.	
<b>Name, Company, Address</b>	<b>Telephone</b>

I certify that my answers are true and complete to the best of my knowledge.

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I further understand that any employment that is offered to me will be at-will and that this application does not create or imply a contract for employment.*

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

**Application for Employment**  
**Notice & Acknowledgement**  
**of Binding Arbitration**

(This form is to be signed by all applicants for employment)

MONDLICK PERIO (hereinafter "Employer") cares about its employees and the working environment we all share. As such, Employer has adopted an Alternative Dispute Resolution Procedure for the resolution of all workplace disputes as a policy, and condition of employment. By signing this application and acknowledgment you are agreeing to settle any and all previously unasserted claims, disputes or controversies arising out of or relating to your application or candidacy for employment, employment and/or cessation of employment with Employer, *exclusively* by final and binding *arbitration* before a neutral Arbitrator. You are also acknowledging that should you be hired you understand that you will be bound by the terms of this policy. By way of example only, such claims include claims under federal, state and local statutory or common law, such as Age Discrimination in Employment Act, Title VII of the Civil Rights Act or 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the law of contract and the law of tort.

I understand that this policy does not, however, in any way alter the "at will" status of my employment with Employer should I be hired which, unless otherwise agreed upon by written contract, is not for a fixed term or definite period and may be terminated at the will of myself or Employer with or without notice and without resort to this policy.

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(Date)

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(Signature of Applicant)

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(Print Name of Applicant)