

Louisiana Dental Spa
Application for Employment

Position You Are Applying For

Personal Data

Name (last, first, middle)		Date
Telephone Number ()	Other Number ()	Social Security # - -
Address	Apt. #	how long at this address?
City	State	Zip Code
Employment Interest: ☐ Full Time ☐ Part Time If Part Time work is preferred, list specific days and hours you are available to work?		
Why are you seeking employment?		If employed, how soon could you start?
If employed, can you provide us with proof of U.S. citizenship? ☐ Yes ☐ No ☐ N/A		
If no, explain:		
Referred By		

Education Record

High School	Location
Degrees or Diplomas	Years Attended
Graduate ☐ Yes ☐ No	
College/University	Location
Degrees or Diplomas	Years Attended
Graduate ☐ Yes ☐ No	
Trade or Technical Training	Location
Degrees or Diplomas	Years Attended
Graduate ☐ Yes ☐ No	

Employment History

BEGIN WITH THE MOST RECENT EMPLOYER. YOU MAY LIST ADDITIONAL EMPLOYMENT ON THE BACK OF THIS PAGE IF ENOUGH SPACE WAS NOT PROVIDED.

1. EMPLOYER

Months & Years of Employment

Address		
City	State	Zip Code
Phone Number ()	Beginning Salary	Ending Salary
Title/Duties		

Hours of Employment _____ Days worked _____

What time did you usually arrive and leave? _____

Manager's Name

Why did you leave?

2. EMPLOYER

Months & Years of Employment

Address

City

State

Zip Code

Phone Number
()

Beginning Salary

Ending Salary

Title/Duties

Hours of Employment _____ Days worked _____

What time did you usually arrive and leave? _____

Manager's Name

Why did you leave?

3. EMPLOYER

Months & Years of Employment

Address

City

State

Zip Code

Phone Number
()

Beginning Salary

Ending Salary

Title/Duties

Hours of Employment _____ Days worked _____

What time did you usually arrive and leave? _____

Manager's Name

Why did you leave?

Military Services

Military Service o Yes o No

If yes, branch of service:

Dates of service

Duties/special training

Qualifications

Typing	☐ Yes	☐ No	Shorthand	☐ Yes	☐ No	Dictaphone	☐ Yes	☐ No
Words Per Minute			Words Per Minute					
Adding Machine	☐ Yes	☐ No	Bookkeeping	☐ Yes	☐ No			
Computer System	☐ Yes	☐ No	Which hardware or software?					

**Other

***List any other experience that you may have that would pertain to the position you are applying for.

References

1. NAME	Occupation	Telephone Number
		()
Address	City	State Zip Code

How are you acquainted with this person?

2. NAME	Occupation	Telephone Number
		()
Address	City	State Zip Code

How are you acquainted with this person?

3. NAME	Occupation	Telephone Number
		()
Address	City	State Zip Code

How are you acquainted with this person?

Why do you want to work?

What tasks do you really enjoy doing, if any?

What tasks do you prefer not to do if you had the choice?

If necessary to leave our employment, will you give at least three weeks notice? ☐ Yes ☐ No

Expected length of employment:

LIST ANY QUESTIONS THAT YOU MAY HAVE ABOUT THIS OFFICE?

The regular office hours are 8:00 am-5:00 pm, Monday through Friday. Some positions are paid on an hourly basis and some are paid on a salary basis. You may be required to arrive early or leave late in your job, depending on your position or special circumstances.

This office reserves the right to drug test at any time. Our drug testing policy and practices are oriented toward maintaining a drug-free workplace for our employees and our customers.

For employment purposes, a credit report may be pulled on applicants.

All employment is made on a trial basis for the benefit of both this office and the employee. This is usually for 90 days, but could be more or less.

The policies and regulations governing employment at this office are specifically laid out in separate policy manuals, which will be made available to all employees.

I understand and agree to the above:

Signature of Applicant

Date

SALARY FORM

Salary

What starting salary would you expect?

	\$	Per Month	\$	Per Hour
After one year	\$	Per Month	\$	Per Hour
After two years	\$	Per Month	\$	Per Hour

Do you object to raises being based on the cost of living and inflationary rate? ☐ Yes ☐ No

What fringe benefits do you expect?

Signature of Applicant

Date