



Employment Application

Name: _____ Date of Application: _____

Position Applying for: _____

Physical Address: _____

Mailing Address: _____

Date of Birth: _____ Social Security Number: _____

Cell Phone: (_____) _____ Email: _____

Current Employer: _____ Available Start Date: _____

Current Job description, and reason for leaving:

Please let us know what your ideal schedule would be:

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____

Are you seeking a short-term, or long-term position? _____

What are your future goals/visions? (ex. Higher education/Career) _____

Why do you think you would be a great fit for this position?

Minimum Salary Requirement (Hourly): \$ _____ Desired Pay (Hourly): \$ _____

Are you CPR certified? _____ If not, are you willing to become CPR certified? _____

References
(non-personal preferred)

Name	Phone Number	Relationship	Years Acquainted

Previous Experience

Dates Employed	Company	Location	Role/Title

Job description, skills used and reason for leaving:

Dates Employed	Company	Location	Role/Title

Job description, skills used and reason for leaving:

Dates Employed	Company	Location	Role/Title

Job description, skills used and reason for leaving:

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed my employment may be terminated at any time. I hereby authorize Joseph M. Catalano D.D.S.; P.C. to research and verify all information provided on this application and release to any persons, companies, or government authorities the right to provide such information. I hereby authorize Joseph M. Catalano D.D.S.; P.C. to request and record my date of birth, social security number, state driver's license number, prior criminal record and any personal information necessary for verification of information provided by my employment application. I understand that this is for security reasons to protect the employer and all information provided will be kept strictly confidential. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause, and/or notice. I also understand and agree that the terms and conditions of my employment may be changed with or without cause, and/or notice at any time by the company. I understand that only the Doctor/Management, and then only when in writing and signed by the Doctor/Management, has any authority to enter into agreement for employment for any specific period of time, or to make an agreement contrary to the foregoing.

Signature: _____ **Date:** _____