

## APPLICATION FOR EMPLOYMENT

DenTech Industrial is an equal opportunity employer. We are committed to our policy of providing equal employment opportunity to employees and job applicants in a manner consistent with applicable laws and regulations, including federal laws prohibiting employment discrimination on the basis of race, color, creed, national origin, sex, age, disability, or genetic information.

### INTRODUCTORY INFORMATION

\_\_\_\_\_

FULL NAME

\_\_\_\_\_

DATE

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP CODE

\_\_\_\_\_

PHONE NUMBER

### APPLICANT QUESTIONS

POSITION DESIRED: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_

If hired, can you provide documents required to establish your eligibility to work in the U.S.? YES NO

Are you under 18 years of age? YES NO

Apart from absence for religious observance, are you available for full-time work? YES NO

Will you work overtime if asked? YES NO

How did you learn of our organization? \_\_\_\_\_

### EDUCATION

#### HIGH SCHOOL OR LAST GRADE COMPLETED

NAME & ADDRESS OF SCHOOL: \_\_\_\_\_

COURSE OF STUDY: \_\_\_\_\_ NUMBER OF YEARS COMPLETED: \_\_\_\_\_

DEGREE/DIPLOMA: \_\_\_\_\_

#### COLLEGE OR TECHNICAL SCHOOL

NAME & ADDRESS OF SCHOOL: \_\_\_\_\_

COURSE OF STUDY: \_\_\_\_\_ NUMBER OF YEARS COMPLETED: \_\_\_\_\_

DEGREE/DIPLOMA: \_\_\_\_\_

#### OTHER SCHOOLING OR TRAINING

NAME & ADDRESS OF SCHOOL: \_\_\_\_\_

COURSE OF STUDY: \_\_\_\_\_ NUMBER OF YEARS COMPLETED: \_\_\_\_\_

DEGREE/DIPLOMA: \_\_\_\_\_

## MILITARY EXPERIENCE

BRANCH OF SERVICE: \_\_\_\_\_

RANK/TYPE OF SERVICE: \_\_\_\_\_

JOB-RELATED TRAINING/EXPERIENCE: \_\_\_\_\_

## EMPLOYMENT HISTORY

### LIST POSITIONS STARTING WITH MOST RECENT:

EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

START DATE: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_ BEGINNING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

START DATE: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_ BEGINNING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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**\*WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT:**

**EMPLOYER:** \_\_\_\_\_ **REASON:** \_\_\_\_\_

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**WORK-RELATED REFERENCES (DO NOT INCLUDE RELATIVES)**

	NAME	OCCUPATION	CONTACT INFORMATION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**CONDITIONS OF EMPLOYMENT (FOR INFORMATION ONLY)**

- **Safety shall be of first importance in the performance of all duties and each employee must assume full responsibility for personal safety.**
- **Valid Driver's License** - Daily transportation is your responsibility.
- **Overtime Expected** – As required.
- **Working as part of a team.**
- **Loyalty to the company during employment.**
- **Reporting off BEFORE start of shift.**
- **Completing Forms:** W-4, I-9, Checklist
- **Work for commercial customers not allowed on personal basis.**
- **Flexibility** - Daily assignments vary in work content because of customer deadlines; field work and overnight.

- **You will be treated like an ADULT; therefore you will be expected to act like an ADULT because you are being paid as an ADULT.**
- Definition of ADULT:** *One who accepts the responsibility for their actions and will interact with fellow employees on the same basis.*

- Vacation during Thanksgiving, Christmas and 4th of July will be **limited** based on customer requirements and awarded based on needs and other factors.

**STATEMENT (PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION):**

I understand that any employment by this Company will be on a 90-day introductory basis. If employed by the Company, I agree to abide by its rules and regulations. Further, I understand that my employment can be terminated any time by either party. The above information is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts herein will be cause for immediate dismissal upon discovery thereof. I authorize the Company to contact any or all of my references for full information. I agree to take a physical examination including drug testing at any time, at the request of the Company and at no personal expense to me, and agree that the examining physician may disclose the finding to the Company or an authorized agent of the Company. Further, this application shall be considered active for no more than 30 days and neither this document nor any offer of employment constitutes a contract of employment unless a specific document is executed in writing and signed by both parties.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

