

Employment Application

		Applicant	Informa	ation				
Full Name	e:					Date:		
Address:	Last	First			M.I.			
	Street Address					Apartment/U	Jnit #	
	City				State	ZIP Code		
Phone:		E	mail:					
Date Avai	ilable:	Social Security No.:						
Position A	Applied for:							
YES NO YES NO Are you a citizen of the United States? If no, are you authorized to work in the U.S.? Image: Compare the United States in the U.S.? Image: Compare the U.S.?								
YES NO Have you ever been convicted of a felony?								
If yes, exp	lain:							
		Edu	cation					
High Scho	ol:	Address:						
From:	То:	Did you graduate?	YES	NO	Diploma:			
College: Address:								
From:	То:	Did you graduate?	YES	NO	Degree:			
Other:		Address						
From:	То:	Did you graduate?	YES	NO	Degree:			
		Refe	rences					
Please list	three professional refe	rences.						
Full Name	2:				Relatio	nship:		
Company	:				P	hone:		

Full Name:	Rela	tionship:					
Company:		Phone:					
Full Name:	Rela	tionship:					
Company:		Phone:					
-	Previous Employment						
Company:		Phone:					
Address:	Su	pervisor:					
Job Title:	Starting Salary: \$ I	Ending Salary: \$					
	To: Reason for Leaving:						
YES NO May we contact your previous supervisor for a reference?							
Company:		Phone:					
Address:	Supe	ervisor:					
Job Title:	Starting Salary: \$	Ending Salary: \$					
Responsibili	lities:						
From:	To: Reason for Leaving:	To: Reason for Leaving:					
May we con	YES NO ntact your previous supervisor for a reference?						
	Military Service						
Branch:	From:	То:					
Rank at Discha	narge: Type of Discharge:						
If other than h	honorable, explain:						

Disclaimer and Signature

I affirm that the information provided on my resume, application and all other employment-related documents completed throughout the hiring process are true, correct and complete. Any false statements, misrepresentations or omissions of fact may terminate my candidacy for employment; or if employed, may result in termination of employment.

I authorize the investigation of all statements contained in my resume, application and all other employment-related documents, as well as statements made verbally during the hiring process. I give permission to previous employers, schools attended, investigative agencies and law enforcement agencies to furnish any information from their records to Practicon. I hereby release all parties from liability for supplying such information.

I understand that this application is not, and is not intended to be, a contract of employment. I further understand and agree that, if hired, my employment is for no definite period and may be terminated at any time for any reason or no reason at all, with or without prior notice by myself and Practicon.

Signature: _____ Date: _____

Printed Name:

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.

Practicon is an Equal Opportunity Employer



Our Mission: Making Dentistry Better

Our Values:

Do Right: We are honest in all we do, work for the success of all Practicon stakeholders regardless of personal benefit, and share the fruits of our success to help others.

Do Better: We strive for excellence in all we do by continuously improving our business, innovatively adapting to change, and being accountable for achieving our goals.

Do Together: We work as a team with unity of purpose, understanding our individual responsibilities while encouraging and supporting the accomplishments of our associates.