

# CHILDREN'S DENTAL SERVICES EMPLOYMENT APPLICATION

**636 Broadway St. NE  
Minneapolis, MN 55413  
Phone: (612) 746-1530  
Fax: (612) 746-1531**

Applicant Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Children's Dental Services is an equal opportunity employer. Applications are considered for employment, and employees are treated without regard to age, religion, national origin, color, martial status or status with regard to public assistance, sex or mental or physical handicap except where such conditions are bona fide occupational qualifications.

Position requirements are accessible to disabled applicants.

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All employees at Children's Dental Services are "at will" and can be terminated for any reason or no reason at all.

# CHILDREN'S DENTAL SERVICES

## APPLICANT INFORMATION

Last	First	Middle Initial	Social Security Number		
Current Address	City	State	Zip		
Permanent Address (if different)	City	State	Zip		
Day Telephone	Evening Telephone	Email Address (Optional)			
	\$	__Yes __No If yes, when?			
Date Available	Salary Requirement	Have you worked for Children's Dental Services before?			

If hired, can you furnish proof that you are eligible to work in the United States?  Yes  No  
 (such as Driver's License, Social Security Card, Other)\*\*

Have you ever had a malpractice claim filed against you?  Yes  No

Are you related to any current CDS employee?  Yes  No

If yes to any of the above, explain:

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\*\*Children's Dental Services participates in E-Verify, which authorizes an employee's eligibility to work in the United States.

# CHILDREN'S DENTAL SERVICES

## EDUCATION

You may be required to present proof of your degrees after employment is offered.

**HIGH SCHOOL, COLLEGES OR UNIVERSITIES ATTENDED**

Name and Location of School	Field of Study	Degree Earned	Current License or Registration

**ADDITIONAL COURSE WORK**

School or Sponsoring Organization	Month and Year Taken	Certificate	Field of Study

**SKILLS:** Please list any special functions or training.

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Specific computer/software skills: \_\_\_\_\_

Are you familiar with basic office functions such as phone systems?    \_\_\_Yes            \_\_\_No

                                 Copiers?                            \_\_\_Yes            \_\_\_No

                                 Fax Machines?                    \_\_\_Yes            \_\_\_No

                                 Word Processing?                \_\_\_Yes            \_\_\_No

Do you speak any language(s) other than English?    \_\_\_No            \_\_\_Yes: \_\_\_\_\_

**CHILDREN’S DENTAL SERVICES**

**WORK EXPERIENCE**

The information contained on application may be used to evaluate your experience for particular positions. Please be specific and detailed in your answers. Please **DO NOT** go back further than 5 years.

**ENTER MOST RECENT JOB FIRST**

Employer	Your Job Title	Date Started	Date Ended
Employer Address	Supervisor's Name	Starting Salary	Final Salary
		Yes No	( )
Reason For Leaving		May we contact employer?	Employer Phone Number

Description of Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer	Your Job Title	Date Started	Date Ended
Employer Address	Supervisor's Name	Starting Salary	Final Salary
		Yes No	( )
Reason For Leaving		May we contact employer?	Employer Phone Number

Description of Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer	Your Job Title	Date Started	Date Ended
Employer Address	Supervisor's Name	Starting Salary	Final Salary
		Yes No	( )
Reason For Leaving		May we contact employer?	Employer Phone Number

Description of Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## CHILDREN'S DENTAL SERVICES

### REFERENCES

Name two personal references and two professional references not related to you who have knowledge of your qualifications.

**Personal**

		( )	
Name	Company Name	Phone	How do you know this person?

**Professional**

		( )	
Name	Company Name	Phone	How do you know this person?

		( )	
Name	Company Name	Phone	How do you know this person?

		( )	
Name	Company Name	Phone	How do you know this person?



I certify that the information contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing information to you.

I understand and agree that if hired, my employment is for no definite period and may be terminated at any time with or without cause and with or without notice. I also understand this application is only for a specific position and will be kept in an active file for 6 months. (General application inquiries will be held with those positions that most closely match the qualifications of the individual.)

I understand that any falsification **or withholding** of any employment-related information, including injury, criminal record, past terminations, or any other information that may impact your employment, presented in this application or at any time during or after the interview process, is grounds for my immediate termination.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date