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, marital 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.

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)

Have you worked for Children’s Dental Services before?  ____Yes  ____No

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

EDUCATION

You may be required to present proof of your degrees after employment is offered.
## HIGH SCHOOL, COLLEGES OR UNIVERSITIES ATTENDED

<table>
<thead>
<tr>
<th>Name and Location of School</th>
<th>Field of Study</th>
<th>Degree Earned</th>
<th>Current License or Registration</th>
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## ADDITIONAL COURSE WORK

<table>
<thead>
<tr>
<th>School or Sponsoring Organization</th>
<th>Month and Year Taken</th>
<th>Certificate</th>
<th>Field of Study</th>
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## SKILLS:

Please list any special functions or training.

_______________________________________________________________________________________________________________________________________

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
### CHILDREN’S DENTAL SERVICES

**WORK EXPERIENCE**
<table>
<thead>
<tr>
<th>Employer</th>
<th>Your Job Title</th>
<th>Date Started</th>
<th>Date Ended</th>
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<tr>
<th>Employer Address</th>
<th>Supervisor’s Name</th>
<th>Starting Salary</th>
<th>Final Salary</th>
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<th>Yes</th>
<th>No</th>
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<th>Reason For Leaving</th>
<th>May we contact employer?</th>
<th>Employer Phone Number</th>
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Description of Duties and Responsibilities:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

REFERENCES

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

CHILDREN’S DENTAL SERVICES
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