

Please print out this application, fill in and bring to appointment with you.

EMPLOYMENT RECORD – list most recent employer first:

Name of Employer		
Address		
Supervisor & Telephone Number		
Title & Description of your job		
Dates of employment	Start:	Last
Earnings	Start:	Last
Reason for leaving		

Name of Employer		
Address		
Supervisor & Telephone Number		
Title & Description of your job		
Dates of employment	Start:	Last
Earnings	Start:	Last
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Address		
Supervisor & Telephone Number		
Title & Description of your job		
Dates of employment	Start:	Last
Earnings	Start:	Last
Reason for leaving		

May we contact all of the employers above? If not, which one(s) do you wish we not contact? _____

If you have any periods of unemployment, please list dates and reasons _____

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How do you feel about working with children? _____

Condition of teeth _____

Does the sight of blood bother your? Yes _____ No _____

Your health? Good _____ Fair _____ Poor _____

Any health limitations? _____

Your physician's name: _____ Address: _____

Telephone: _____

May we have your permission to talk to your physician? Yes _____ No _____

Date of last complete physical examination: _____

Have you had any major illnesses, surgery, or have been hospitalized in the last three years?
Yes _____ No _____

What was the nature of the illness and time lost from work? _____

TRAVEL: Several times a year, staff members are requested to travel out of the state for several days to attend meetings to improve their skills. Will you have a problem attending in state or out of state educational meetings? Yes _____ No _____

PERSONAL REFERENCES (not former employers or relatives):

	NAME	ADDRESS	TELEPHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

By signing my name below, I:

- Certify that the answers and information I have provided are accurate and complete to the best of my knowledge.
- Grant permission to McMillen Orthodontics LTD to perform a background check on me.
- Authorize the investigation of any information provided in this application that is deemed necessary by this company in arriving at an employment decision.
- Understand and agree, that this employment application by itself or together with other company documents or policy statements does not create a contract of employment. I also understand that I may leave or may be released at any time for any reason. Employment will be solely at will and is for no definite period.
- I also understand that if I am employed and any statement herein is not true, I may be released immediately, and will be paid only through the day of release and the employer may cancel any vacation, holiday or sick leave benefits that may have accrued to me based on my employment.
- Agree to abide by all office rules and regulations if I am employed.

Signed _____ Date _____