

**AppleWhite Dental Partners, LLC**  
**Application for Employment**  
Equal Opportunity Employer



Applications must be completed in full even if attaching a resume.

POSITION APPLIED FOR \_\_\_\_\_  
DATE OF APPLICATION \_\_\_\_\_

**PERSONAL INFORMATION**

NAME \_\_\_\_\_  
FIRST MI LAST  
PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP  
PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_  
MESSAGE OR CELL PHONE \_\_\_\_\_

ARE YOU PRESENTLY EMPLOYED? YES  NO   
IF YES, WHERE? \_\_\_\_\_

ARE THERE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH APPLEWHITE  
DENTAL PARTNERS, LLC OR ITS OFFICES?  
YES  NO   
IF YES, NAME OF RELATIVE \_\_\_\_\_

HOW DID YOU HEAR ABOUT APPLEWHITE DENTAL PARTNERS, LLC?  
\_\_\_\_\_

**GENERAL INFORMATION**

CAN YOU UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING  
YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES?  
YES  NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR  
TRAFFIC INFRACTION? (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO  
EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE,  
SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO  
ACCOUNT).  
YES  NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN?

YES  NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

PLEASE CHECK SCHEDULE AVAILABILITY

I am available to work Full-Time over 25 hours a week. Days and hours available to work \_\_\_\_\_

I am available to work Part-Time because \_\_\_\_\_  
Days and hours available to work \_\_\_\_\_

**NOTE: Work schedules are based upon the needs of the business and may be subject to change.**

**EMPLOYMENT INFORMATION**

1) NAME AND ADDRESS OF EMPLOYER

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

EMPLOYMENT DATES: TO: \_\_\_\_\_ FROM: \_\_\_\_\_

YOUR LAST JOB TITLE \_\_\_\_\_

REASON FOR LEAVING (BE SPECIFIC) \_\_\_\_\_

PAY OR SALARY START \_\_\_\_\_ FINAL \_\_\_\_\_

DESCRIBE YOUR JOB RESPONSIBILITIES

\_\_\_\_\_

\_\_\_\_\_

2) NAME AND ADDRESS OF EMPLOYER

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

EMPLOYMENT DATES: TO: \_\_\_\_\_ FROM: \_\_\_\_\_

YOUR LAST JOB TITLE \_\_\_\_\_

REASON FOR LEAVING (BE SPECIFIC) \_\_\_\_\_

PAY OR SALARY START \_\_\_\_\_ FINAL \_\_\_\_\_

DESCRIBE YOUR JOB RESPONSIBILITIES

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

COLLEGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CIRCLE LAST YEAR ATTENDED 1 2 3 4 DEGREE \_\_\_\_\_

BUSINESS/TRADE OR

OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CIRCLE LAST YEAR ATTENDED 1 2 3 4 DEGREE \_\_\_\_\_

Please list any other experience, skills or other qualifications, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service, which you would like, considered in connection with your application for employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES**

1) Name \_\_\_\_\_ Title \_\_\_\_\_  
Company &  
Address \_\_\_\_\_ Email \_\_\_\_\_

2) Name \_\_\_\_\_ Title \_\_\_\_\_  
Company &  
Address \_\_\_\_\_ Email \_\_\_\_\_

3) Name \_\_\_\_\_ Title \_\_\_\_\_  
Company &  
Address \_\_\_\_\_ Email \_\_\_\_\_

**\*Please read before signing\***

**I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of AppleWhite Dental Partners, LLC to afford equal opportunity to all employees and applicants for employment without regards to race, age, religion, color, creed, sex, ancestry, national origin, marital status, disability, sexual

orientation, unfavorable discharge from military status, gender identity, and any other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations.

I understand that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature

Date

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