



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

	Date _____
Name _____	
Last	First
Middle	Maiden
Present address _____	
Number	Street
City	State
Zip	
How long _____	
Telephone (____) _____	If under 18, please list age _____
e-mail _____	

EMPLOYMENT DESIRED

Position(s) applied for _____	
Location applied for _____	Days/hours available to work: _____
Salary desired _____	
How many hours can you work weekly? _____ Can you work evenings? _____	
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME	
When are you available to start work? _____	

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE

High School				
College				
Business or Trade School				
Professional or Graduate School				

Signature of applicant: _____ Date: _____

Angel Dental Care is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with Angel Dental Care depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.