



it's personal

Position(s) applied for _____ Date of application _____

Name _____ Social Security # _____
Last First MI

Address _____
Street City State/Zip Code

Telephone # _____ Mobile/Other # _____

Date available for work ___/___/___

Type of employment desired _____ Full-Time _____ Part-Time

Have you ever applied here before? _____ If so, when? _____

At this time, do you have any relatives that work at any Progressive Dental location?

Yes _____ No _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?

Yes _____ No _____

EMPLOYMENT HISTORY

Starting with your most recent employer provide the following information.

Employer _____ Telephone # _____
Address _____ City _____ State _____
Starting job title/final job title _____ Dates employed _____
Why did you leave? _____ May we contact for a reference? _____
Summarize the type of work you performed and job responsibilities. _____

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Address _____ City _____ State _____
Starting job title/final job title _____ Dates employed _____
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 Starting job title/final job title _____ Dates employed _____
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 Summarize the type of work you performed and job responsibilities. _____

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. _____

What is your definition of accountability? _____

What are your responsibilities right now? _____

EDUCATIONAL BACKGROUND

School (include City and State)	Diploma/Degree	Years Completed

REFERENCES

Name	Title	Relationship	Telephone #	Years known

Applicant Statement

I certify that all the information I have provided in order to apply for and obtain employment work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representative, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using information in the employment process and all other persons, corporations or organizations for furnishing accurate information about me.

I understand that this employer does not unlawfully discriminate in employment and no information on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no oral or written agreements to the contrary are valid unless they are in writing and signed by Dr. Spera.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from the employment with the employer, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all the terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ___ / ___ / ___

FOR OFFICE USE ONLY

First interview _____ Where _____
Observe position in which office _____ Date _____

ENDWELL

565 Hooper Rd.
Endwell, NY 13760
P: 607.754.2273
F: 607.754.9526

NORWICH

101 S. Broad St.
Norwich, NY 13815
P: 607.334.8666
F: 607.334.6662

MONTROSE

57 Public Ave.
Montrose, PA 18801
P: 570.278.1186
F: 570.278.7447

KIRKWOOD

1113 US Rte. 11
Kirkwood, NY 13795
P: 607.722.5464
F: 607.775.1125

BINGHAMTON

51 Front St.
Binghamton, NY 13905
P: 607.724.7166
F: 607.724.7178