Dental Assistant **TEMP CROWN AGENCY, LLC**

# Applicant Information

Full Name: Date:

 *Last First M.I.*

Address:

 *Street Address Apartment/Unit #*

 *City State ZIP Code*

Phone: Email

Date Available:

Social Security

No.

:

Desired Salary:

**$**

Are you a citizen of the United States?

YES

NO

If no, are you authorized to work in the U.S.?

YES

NO

Have you ever worked for this company?

YES

NO

If

yes

, w

h

en?

Have you ever been convicted of a felony?

YES

NO

If yes, explain:

Position Applied for:

# Education

High School: Address:

From: To:Did you graduate?

YES

NO

D

iploma:

:

YES

NO

Degree:

YES

NO

Degree:

College: Address:

From: To:Did you graduate?

Other: Address:

From: To:Did you graduate?

# References

*Please list three professional references.*

Phone:

Full Name:

Relationship

:

Company

:

Address:

Full Name

:

Relationship

:

Company:

Phone:

Address:

Full Name:

Relationship

:

Company:

Phone:

Address:

# Previous Employment

Address:

Company:

Phone:

Supervisor:

Starting Salary:

**$**

Ending Salary:

**$**

To:

Reason for L

eaving:

May we contact your previous supervisor for a reference?

YES

NO

Job Title:

Responsibilities:

From:

|  |
| --- |
|   |

Address:

Company:

Phone:

Supervisor:

Starting Salary:

**$**

Ending Salary:

**$**

To:

Reason for L

eaving:

May we contact your previous supervisor for a reference?

YES

NO

Job Title:

Responsibilities:

From:

|  |
| --- |
|   |

Address:

Company:

Phone:

Supervisor:

Starting Salary:

**$**

Ending Salary:

**$**

To:

Reason for L

eaving:

May we contact your previous supervisor for a reference?

YES

NO

Job Title:

Responsibilities:

From:

# Military Service

Branch: From:To:

Rank at Discharge: Type of Discharge:

If other than honorable, explain:

# Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: Date: