



DENTAL LABORATORIES

APPLICATION FOR EMPLOYMENT

Full Name: \_\_\_\_\_ Date \_\_\_\_\_ SSN \_\_\_\_\_

Email \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_
Street/Apartment City/State Zip

Permanent Address (if different) \_\_\_\_\_
Street/Apartment City/State Zip

Are you 18 years of age or over? [ ] Yes [ ] No

Can you submit proof of your legal right to work in the USA? [ ] Yes [ ] No

Do you have the right to remain permanently in the USA? [ ] Yes [ ] No

Have you previously interviewed with our company? [ ] Yes [ ] No If yes, when? \_\_\_\_\_

Have you previously been employed with our company? [ ] Yes [ ] No If yes, When? \_\_\_\_\_

Available Start Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Wage Desired: \_\_\_\_\_ Position Desired: \_\_\_\_\_

Table with 5 columns: Education, Name/Location of School, Years Attended, Did you Graduate?, Subjects/Majors. Rows include High School, College, and Other.

Special Study/Training or Skills (Please list any artistic skills): \_\_\_\_\_

What do you consider to be your strongest assets and major strengths? \_\_\_\_\_

What do you consider to be your most important achievements to date? \_\_\_\_\_

U.S. Military Service/Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Functions: \_\_\_\_\_ Period of Service: \_\_\_\_\_

AA/ Equal Opportunity Employer

**EMPLOYMENT – LIST MOST RECENT POSITION FIRST**

Date	Employer Name/ City, State	Position	Wage	Reason For Leaving
From: To:				
From: To:				
From: To:				

Have you ever been arrested or convicted of a felony in the past ten years, or a misdemeanor in the last seven years?

Yes  No If yes, explain the details of the offense, date, location and sentence:

\_\_\_\_\_

\_\_\_\_\_

In the past three years, have you knowingly used any narcotics, amphetamines or barbiturates other than those prescribed by a physician?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain why we should employ you at Oral Arts. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently have any relatives employed at Oral Arts?  Yes  No

If yes, please list the names of the employee(s) and your relation. \_\_\_\_\_

Do you have any family members who own a dental lab?  Yes  No

Do you have any family members who work at another dental lab?  Yes  No

**Please list three references (non-related).**

Name	Title/ Position	How you know this person (Prior colleague, Friend, etc)	Company/Phone/Email

Offers of employment at Oral Arts are made contingent upon applicant's satisfactory completion of a controlled substance abuse screening test and a satisfactory reference and background check. Offers are also contingent upon satisfactory proof of the applicant's identity and authorization to legally work in the USA on a permanent and ongoing basis. The applicant certifies that the facts given in this application are true and complete to the best of the applicant's knowledge. Falsified statements on the application shall be grounds for dismissal. The applicant authorizes Oral Arts to investigate all statements and references, and authorizes employers listed to provide any information concerning the applicant's previous employment as well as any other pertinent information. The applicant releases Oral Arts or any of its affiliates and agrees to abide by its' policies and practices, which may be amended at the Company's discretion. Furthermore, the applicant understands that employment may be terminated by the applicant or by the Company at any time when either party believes it is in their best interest to do so. If you need assistance with completing this application or during any phase of the employment process, please notify the Human Resources Department at [hr@oralartsdental.com](mailto:hr@oralartsdental.com) or 256-533-6670, and every effort will be made to accommodate your needs in a reasonable amount of time

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

HR USE:

Date of employment \_\_\_\_\_ Dept: \_\_\_\_\_ Rate: \_\_\_\_\_ Other: \_\_\_\_\_

## VOLUNTARY SELF IDENTIFICATION RECORD

We are required by law to report the number of people who apply at our company by ethnic group, gender, disability, and veteran status. Your cooperation in collecting this data is appreciated. This information will be used only for reporting purposes as legislated by Federal and State regulations and will not become a part of your file to be used in making an employment decision.

**ETHNIC STATUS** (please check only one)

**White** (not of Hispanic Origin). Includes persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black/African American** (not of Hispanic Origin). Includes persons having origins in any of the black racial groups.

**Native Hawaiian or Pacific Islander**. Persons with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian** (not of Hispanic Origin). Includes persons having origins in the Far East, Southeast Asia, or Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.

**American Indian or Alaskan Native**. Persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Hispanic**. All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.

**Two or More Races** (not of Hispanic Origin). Includes persons who identify with more than one of the above races.

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**GENDER** (please check only one)

**Male**

**Female**

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**Applicant Name** \_\_\_\_\_ **Date** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Position in which you are interested** \_\_\_\_\_

*(This information will be kept confidential and only used for affirmative action planning purposes.)*