

# Application for Employment

Dr. Robert F. Martin, Jr. DMD  
Orthodontic and Family Dentistry  
137 Interstate Drive  
Greenville, AL 36037

(334) 382-9610

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, sexual orientation or any other legally protected status.

## Name and Address (Please Print)

Name (First, MI, Last)

Date

Mailing Address

Telephone

Alternate Phone

Are you 18 years or older?\*

☐

Yes

☐

No

How did you learn about us?

## Job Type

Position(s) Applying for:

## Days/Hours Available for Work

I am seeking:

☐

Mon.

☐

Tue.

☐

Wed.

☐

Thurs.

☐

Fri.

☐

Sat.

☐

Sun.

☐

Full-time

☐

Part-Time

☐

FT or PT

Date Available to begin:

How many hours can you work weekly:

## Additional Information

Have you ever filed an application with us before?

☐

Yes

☐

No

If yes, date: \_\_\_\_\_

Have you ever been employed by this organization in the past?

☐

Yes

☐

No

If yes, date: \_\_\_\_\_

I certify that I am a U.S. Citizen, permanent resident, or a foreign national with authorization to work in the United States.

☐

Yes

☐

No

Do you have a valid driver's license?

☐

Yes

☐

No

Driver's license number: \_\_\_\_\_

Issued in what state? \_\_\_\_\_

If the job requires can you travel?

☐

Yes

☐

No

**Note to Applicant:** DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you aware of any reason why you cannot perform the job for which you have applied?

☐

Yes

☐

No

Why?

\*Alabama and Nebraska Applicants: If you are under 19 years of age, you must provide proof of your eligibility to work

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Name: \_\_\_\_\_

Education				
School	Location (mailing address)	Years Completed	Major	Degree or Diploma
<b>High School</b>				
<b>College or Business/Trade School</b>				
<b>Indicate any foreign languages you can speak, read and/or write:</b>				
	Fluent	Good	Fair	
Speak				
Read				
Write				
<b>Describe any specialized training, apprenticeship, skills and extra-curricular activities:</b>				
<b>Describe any job-related training received in the United States military:</b>				
Are you a veteran of the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name:

### Employment Experience

Start with your present or last employment experience. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate, race, color, religion, gender, national origin, disabilities or any other protected status.

Organization	Name of Supervisor	Hours/Week
Address	Start Date	End Date
City, State and Zip Code	Start Salary	Final Salary
Phone Number	Last job title	

Reason for leaving (be specific)

List job you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company

May we contact this employer? ☐ Yes ☐ No

Organization	Name of Supervisor	Hours/Week
Address	Start Date	End Date
City, State and Zip Code	Start Salary	Final Salary
Phone Number	Last job title	

Reason for leaving (be specific)

List job you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company

May we contact this employer? ☐ Yes ☐ No

Organization	Name of Supervisor	Hours/Week
Address	Start Date	End Date
City, State and Zip Code	Start Salary	Final Salary
Phone Number	Last job title	

Reason for leaving (be specific)

List job you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company

May we contact this employer? ☐ Yes ☐ No

**List professional, trade business or civic activities and offices held.** You may exclude organizations which indicate, race, color, religion, gender, national origin, disabilities or any other protected status.


**Name:** \_\_\_\_\_

### References

Please list name, address, phone of references. Exclude relatives and former employers.

(1) Name	Phone Number	
Address	Relationship	
City	State	Zip

(2) Name	Phone Number	
Address	Relationship	
City	State	Zip

(3) Name	Phone Number	
Address	Relationship	
City	State	Zip

### Applicant Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.\*\*

This application for employment shall be considered active for the period of time the position in which I am applying for is open, which shall not exceed 60 days. Any applicant wishing to be considered beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer. Finally, I understand and acknowledge that any employment with the Employer will be contingent upon my signing a non-compete, confidentiality and non-solicitation agreement, and refusal to sign such agreement will be grounds to rescind any employment offer made.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**\*\*Note:** The provisions of the Fair Credit Reporting Act will be applicable if a consumer report on the applicant is obtained and considered.