



1324 23rd Street South
 Fargo, ND 58103
 701-235-2932
 800-728-8271

Today's Date:
Application for Employment

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____

HAVE YOU BEEN IMMUNIZED FOR HEPATITIS? _____ DATE: _____

HAVE YOU EVER WORKED IN A DENTAL LABORATORY BEFORE? _____ IF YES, PLEASE GIVE DETAILS: _____

DO YOU HAVE ANY OTHER EXPERIENCE IN THE DENTAL FIELD? _____ IF YES, PLEASE GIVE DETAILS: _____

EDUCATIONAL BACKGROUND:

HIGH SCHOOL: _____ GRAD DATE: _____

COLLEGE: _____ DEGREE: _____ GRAD DATE: _____

VO TECH: _____ DEGREE: _____ GRAD DATE: _____

OTHER: _____

PLEASE MARK THE POSITION(S) YOU ARE APPLYING FOR AND FILL IN THE APPROPRIATE INFORMATION:

DELIVERY

DRIVER'S LICENSE #: _____ DO YOU HAVE PREVIOUS DELIVERY EXPERIENCE: _____

PLEASE INDICATE DRIVING RECORD FOR THE PAST THREE YEARS: _____

WOULD YOU BE AVAILABLE ON OCCASION TO DELIVER OUTSIDE THE F-M AREA? (APPROXIMATELY 65 MILE RADIUS)? _____

BOOKKEEPING

DO YOU HAVE PREVIOUS EXPERIENCE? _____

PLEASE LIST COMPUTER EXPERIENCE: _____

OFFICE POSITION

DO YOU HAVE PREVIOUS EXPERIENCE? _____

PLEASE LIST COMPUTER EXPERIENCE: _____

TECHNICIAN

DO YOU HAVE ANY EXPERIENCE AS A DENTAL TECHNICIAN? _____ IF YES, HOW MANY YEARS EXPERIENCE? _____

WHAT AREAS ARE YOU SKILLED IN? _____

WHERE DID YOU RECEIVE YOUR TRAINING? _____

DO YOU HAVE ANY ARTISTIC BACKGROUND? _____ IF YES, PLEASE GIVE DETAILS: _____

DO YOU LIKE TO WORK WITH YOUR HANDS? _____

PLEASE CONTINUE ON REVERSE



EMPLOYMENT

ARE YOU CURRENTLY EMPLOYED? _____ FULL TIME? _____ PART TIME? _____

ARE YOU LOOKING FOR FULL TIME? _____ PART TIME? _____

PLEASE LIST EMPLOYMENT (CURRENT OR MOST RECENT FIRST):

1. FIRM: _____ SALARY: _____

POSITION: _____ DATES EMPLOYED: _____

NAME OF SUPERVISOR: _____

PHONE #: _____ OK TO CONTACT? _____

REASON FOR LEAVING POSITION: _____

2. FIRM: _____ SALARY: _____

POSITION: _____ DATES EMPLOYED: _____

NAME OF SUPERVISOR: _____

PHONE #: _____ OK TO CONTACT? _____

REASON FOR LEAVING POSITION: _____

3. FIRM: _____ SALARY: _____

POSITION: _____ DATES EMPLOYED: _____

NAME OF SUPERVISOR: _____

PHONE #: _____ OK TO CONTACT? _____

REASON FOR LEAVING POSITION: _____

BUSINESS REFERENCES:

1. NAME OF BUSINESS: _____ PHONE #: _____

ADDRESS: _____ PERSON TO CONTACT: _____

2. NAME OF BUSINESS: _____ PHONE #: _____

ADDRESS: _____ PERSON TO CONTACT: _____

PERSONAL REFERENCES:

1. NAME: _____ PHONE #: _____

ADDRESS: _____

2. NAME: _____ PHONE #: _____

ADDRESS: _____

Please note that if you are interviewed for a job, your references or employment listings may be contacted.

ANY OTHER INFORMATION THAT MAY HELP DETERMINE YOUR EMPLOYMENT SUCH AS INTERESTS, HOBBIES OR USEFUL PREVIOUS EXPERIENCE SHOULD BE ATTACHED OR SUPPLIED BELOW.

I ADHERE THAT THE INFORMATION SUPPLIED IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

RESUME ATTACHED? _____

WE ARE AN EQUAL OPPORTUNITY CHRISTIAN EMPLOYER