



APPLICATION FOR EMPLOYMENT

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|--------------------|
| - EMPLOYER'S USE - |
| DEPARTMENT |
| POSITION |

| | | | | | |
|----------------------|------|-------|--------|------------|--------------------------------|
| Date | | | | | Social Security No. |
| Name - Print in Full | Last | First | Middle | Home Phone | Business Phone |
| Present Address | | | | | How Long Have You Lived There? |
| Previous Address | | | | | How Long Have You Lived There? |

GENERAL INFORMATION

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? _____
 If yes, please explain _____
 Have you had any recent or past illness or operations which might hinder your ability to perform the duties of the job for which you have applied? _____
 If yes, please explain _____

| | |
|--|--|
| Do you have a hobby(s) that has a direct bearing on the job you are seeking? _____ If yes, please explain _____ | Have you ever belonged to a club, organization, society, or professional group which has a direct bearing upon your qualifications for the job for which you are applying? If yes, describe _____ |
| Referred: _____ | |

List names of any friends or relatives now employed by this company _____

EDUCATION

| NAME OF SCHOOL OR COLLEGE | WHERE LOCATED | CIRCLE LAST YEAR COMPLETED | GRADUATE | |
|---------------------------------------|---------------|----------------------------|----------|----|
| | | | YES | NO |
| HIGH SCHOOL | | 9 10 11 12 | | |
| COLLEGE OR UNIVERSITY | | 1 2 3 4 | DEGREE | |
| BUSINESS, TECHNICAL OR OTHER TRAINING | | | | |

| | | | |
|---|------|-------|---|
| ARE YOU CURRENTLY STUDYING <input type="checkbox"/> YES <input type="checkbox"/> NO | WHAT | WHERE | DO YOU PLAN TO RETURN TO SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|------|-------|---|

EMPLOYMENT DESIRED

| | | |
|---|---------------------|---|
| POSITION APPLYING | WHEN CAN YOU START? | STARTING SALARY EXPECTATION |
| APPLIED BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO | WHEN | CONTACT PREVIOUS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO PAST EMPLOYERS? <input type="checkbox"/> YES <input type="checkbox"/> NO |

(APPLICANT TO ANSWER IF APPLYING AS A DRIVER OR VEHICLE OPERATOR)

Check the types of vehicle you are qualified through experience to operate

Passenger Car Light Truck Heavy truck Other _____

Driver's License No. _____ State _____ Expires _____ Suspended or revoked? YES NO

Do you own an automobile? YES NO If yes, give make and year _____

Do you have auto insurance? YES NO Has it ever been canceled or renewal refused? YES NO

Have you been convicted of a driving violation in the past 3 years? YES NO

(Continued on reverse side)

**IF APPLYING FOR OFFICE POSITION, INDICATE BELOW YOUR OFFICE SKILLS
AND CHECK OFFICE MACHINES YOU CAN OPERATE EFFICIENTLY**

| | | |
|-------------------------------|-----------------------------|-------------------------|
| ELECTRIC TYPEWRITER _____ WPM | MANUAL TYPEWRITER _____ WPM | SHORT HAND _____ WPM |
| PERSONAL COMPUTER _____ | CALCULATOR _____ | PERSONAL COMPUTER _____ |

CHECK KINDS OF WORK IN WHICH YOU HAVE EXPERIENCE

| | | | |
|--------------------------|----------------------|----------------------------|-------------|
| PORCELAIN & CERAMICS | CROWN & BRIDGE | PARTIALS & DENTURES | IMPLANTS |
| WAREHOUSE | PURCHASING | STENOGRAPHIC - SECRETARIAL | SUPERVISORY |
| ACCOUNTING - BOOKKEEPING | COLLECTIONS & CREDIT | PAYROLL | DELIVERY |

FORMER EMPLOYERS

GIVE INFORMATION REGARDING YOUR MOST RECENT EMPLOYERS – INCLUDING MILITARY SERVICE

| Employment Present or Last | Name & Address of Employer | Date From Mo/Yr | Date To Mo/Yr | Job Title or Duties | Name & Phone No. of Supervisor | Monthly Salary or Hourly Rate | Reason for Leaving |
|----------------------------------|----------------------------|-----------------------|---------------------|------------------------|--------------------------------------|-------------------------------------|--------------------|
| Next Previous | | | | | | | |
| Next Previous | | | | | | | |
| Next Previous | | | | | | | |
| Military Only | | | | Specialty: | Highest Rank: | | |

REFERENCES

GIVE THE NAMES AND ADDRESSES OF THREE PERSONS WHO KNOW YOU WELL AND TO WHOM WE MAY REFER – NO RELATIVES

| Name | Address | Phone Number | Years Acquainted | Occupation |
|------|---------|--------------|---------------------|------------|
| | | | | |
| | | | | |
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I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I RELEASE FROM ALL LIABILITY ALL PERSONS, COMPANIES, CORPORATIONS, AND ANY CURRENT OR FORMER EMPLOYER SUPPLYING SUCH INFORMATION AND I INDEMNIFY THIS EMPLOYER AGAINST ANY LIABILITY WHICH MIGHT RESULT FROM MAKING SUCH INVESTIGATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. IF EMPLOYED BY THIS EMPLOYER, AND IN CONSIDERATION OF EMPLOYMENT, I AGREE TO CONFORM TO ITS RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION IS FOR NO DEFINITE PERIOD, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES, AND CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT THE OPTION OF EITHER THIS EMPLOYER OR MYSELF. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THIS EMPLOYER, AND THAT NO REPRESENTATIVE OF THIS EMPLOYER (OTHER THAN _____, AND THEN ONLY WHEN IN WRITING AND SIGNED BY SUCH PERSON) HAS ANY AUTHORITY

Name and Title

TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I HEREBY AUTHORIZE RAGLE DENTAL LABORATORY INC. TO CONDUCT AN INVESTIGATIVE CONSUMER REPORT ON ME, AS DEFINED IN PUBLIC LAW 91-508, AND I UNDERSTAND THAT SUCH REPORT MAY INCLUDE INFORMATION TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I UNDERSTAND THAT IF ANY INQUIRY IS MADE, MORE INFORMATION AS TO ITS NATURE AND SCOPE WILL BE SUPPLIED UPON WRITTEN REQUEST.

Date

Signature

DO NOT WRITE BELOW THIS LINE

| | | |
|------|-----------------|----------------------|
| Date | Interviewed By: | Position Considered: |
|------|-----------------|----------------------|