



APPLICATION FOR EMPLOYMENT

Buffalo Dental Implant/ Buffalo Dental Advanced Cosmetics

Please print – **All questions must be answered**

An Equal Opportunity Employer

PERSONAL INFORMATION

Name: _____

Address: _____
(Street)

How long at this address: (City) _____ (State) _____ (Zip) _____

Previous Address: _____

Home Telephone: _____ (Street) (City, State, Zip)

Cell: _____

EMPLOYMENT INTEREST

Position(s) applied for: _____ Date of application: _____

Salary range desired: _____ Date available for work: _____

Type of position: Full time Part time Other : _____

Are you available to work the following:

Overtime:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Evenings:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Weekends:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Holidays:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

GENERAL INFORMATION

1. Are you a U.S. citizen or an alien legally authorized to work in the U. S.? Yes No

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity on the first day of employment. Failure to submit such proof within the required time shall result in immediate employment termination.

2. Are you at least 18 years of age? Yes No If not, birthdate: _____

Note: We are required to obtain a work permit from all employees under age 18 before they begin work. Generally, work permits are issued at the school the minor is attending. If you are under 18 and do not currently have a work permit, please contact your school.

3. Referral source: _____

4. Have you applied to BDI/BDAC before? If yes, when?
 Yes No

5. Have you been employed by BDI/BDAC before? Yes No If yes, when?

6. Do you have any relatives employed by BDI/BDAC? Yes No If yes, please list names, relationships and positions:

EMPLOYMENT HISTORY

Starting with your most recent employment, list recent employment including self employment, summer, part-time, and part or full-time military service. You may include any work performed on a volunteer basis.

Company	From (month/year)	To (month/year)	Starting salary	End salary
Street	Job Title		Supervisor	
City, State, Zip	Telephone			
Work performed	Reason for leaving (or planning to leave)			

Company	From (month/year)	To (month/year)	Starting salary	End salary
Street	Job Title		Supervisor	
City, State, Zip	Telephone			
Work performed	Reason for leaving			

Company	From (month/year)	To (month/year)	Starting salary	End salary
Street	Job Title		Supervisor	
City, State, Zip	Telephone			
Work performed	Reason for leaving			

EDUCATION

Please check the last year of formal education completed:

9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 18+

If you did not complete high school, do you have a high school equivalency diploma (GED)?

Yes No

	Name and Location of Institution	Type of Degree or Diploma	Major course of study	Did you graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College or Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Training or Skills (Special courses, computers, typing, special licenses, permit or certificates)

Please identify the job for which you are applying and write a paragraph as to why you are qualified.

REFERENCES			
List three References you have known over three years who are not related to you.			
Name	Company/Occupation	Years Known	Telephone Number

Notice to all applicants:

Employment with Buffalo Dental Implant/Buffalo Dental Advanced Cosmetics may be contingent upon the applicant passing a reference check, and / or background check. Buffalo Dental Implant/Buffalo Dental Advanced Cosmetics has the right to revoke any offer of employment based upon a failed background check.

Buffalo Dental Implant/Buffalo Dental Advanced Cosmetics is authorized to investigate all statements made on the application and to discuss the results of its investigations with those responsible for hiring. Buffalo Dental Implant/Buffalo Dental Advanced Cosmetics may also contact my former employer(s), References provided or other persons who can verify information.

I have read and agree to the conditions stated above. I give my consent to former employer(s) and other contact persons to respond to questions pertaining to information on this application. I acknowledge that all the above statements are true. Falsification on an employment application is grounds for immediate termination.

Applicant Name *(Please print.)* _____

Applicant Signature: _____

Date: _____