



**MOUNTAIN DENTAL**

## Application for Employment

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**PERSONAL DATA:**

Name \_\_\_\_\_  
Last First MI

Are you eligible to work in the U.S.?  
 Yes  No

Address \_\_\_\_\_  
Number and Street Apt. # City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

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**EMPLOYMENT DESIRED:**

Position \_\_\_\_\_ Salary \_\_\_\_\_ Date of \_\_\_\_\_ Date  
Applying For \_\_\_\_\_ Desired \_\_\_\_\_ Application \_\_\_\_\_ Available  
to Start \_\_\_\_\_

Full-Time  Part-Time  Other \_\_\_\_\_ Hours/Days Available \_\_\_\_\_

Have you ever applied with Mountain Dental in the past?  Yes  No If Yes, When \_\_\_\_\_

Have you been employed by Mountain Dental in the past?  Yes  No If Yes, When \_\_\_\_\_ Reason for  
leaving \_\_\_\_\_

May we contact your present employer?  Yes  No If No, Explain \_\_\_\_\_

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**EDUCATION:**

Have you received a high school diploma or its equivalent?  Yes  No

Name and Location of College/University, Technical/Business School, Trade, and Post-Graduate.	From	To	Courses Studied (major/minor)	Are you currently enrolled?	Did you graduate?	Type of Diploma/Degree
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Mountain Dental is an equal opportunity employer dedicated to a policy of non-discrimination. It is our policy to provide employment and other benefits related to employment based upon qualifications without regard to race, color, religion, national origin, age, sex, handicap, veteran status, or any other basis prohibited by state or federal law.

**Please submit completed applications to: Mountain Dental, Attn: HR, 680 Hehli Way, PO Box 69, Mondovi, WI 54755 • Fax: 715-926-4802 • Phone: 715-926-5050**

**WORK HISTORY:** Please provide all employment information and start with your present or most recent employer first.

From	Name and Address of Employer	Position and Duties	<u>Salary</u>	Reason for Leaving:
To	Supervisor:		Starting: Ending:	
From	Name and Address of Employer	Position and Duties	<u>Salary</u>	Reason for Leaving:
To	Supervisor:		Starting: Ending:	
From	Name and Address of Employer	Position and Duties	<u>Salary</u>	Reason for Leaving:
To	Supervisor:		Starting: Ending:	
From	Name and Address of Employer	Position and Duties	<u>Salary</u>	Reason for Leaving:
To	Supervisor:		Starting: Ending:	

**REFERENCES:**

Below, please list the names of three people not related to you. Indicate whether the reference is personal or work related.

	Name	Address	Telephone Number	Personal/Work
1.				
2.				
3.				

**MISCELLANEOUS:**

**Criminal activity does not constitute an automatic bar to employment, but will be considered if such activity is substantially related to the job requirements.**

Have you ever been convicted of any crime other than minor traffic violations?  Yes  No If Yes, Date \_\_\_\_\_ Charge \_\_\_\_\_

Are there any pending criminal charges against you other than minor traffic violations?  Yes  No If Yes, Explain \_\_\_\_\_

Can you perform the functions of this job with or without reasonable accommodations?  Yes  No

If employed by this company, you agree to abide by its rules and regulations. Further, you understand that the employment, which is voluntarily entered into, is not for a stated period of time and you are free to resign at any time. Similarly, the company may terminate the employment relationship when it believes it is in the company's best interests. The company may conduct investigations of prior employment history and education. By signing this application, you authorize the company to make these investigations and you indicate awareness that false statements or failure to disclose information may disqualify you from employment or if employed, may result in your dismissal.

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date