

PREcise Orthodontics, Inc.

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Equal access to employment, programs, and services is available to all persons. If you require reasonable accommodation to the application and/or interview process, please notify a representative of Precise Orthodontics, Inc. (Precise Ortho.)

It is the intent of Precise Ortho. to comply with all state and federal requirements and to operate within the law in the implementation of all facets of equal opportunity and affirmative action. In the recruitment, selection, training, promotion, termination or any other personnel action, there will be no discrimination on the basis of race, color, religious belief, age, gender, sexual orientation, military service, national origin, citizenship status, disability, marital status, pregnancy, arrest or conviction record, use or non-use of lawful products off premises, or any other areas covered under State or Federal law. Do not include information of this nature in the application. It is Precise Ortho's intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Last Name:		First Name:		Middle Initial:
Street Address:		City:	State:	Zip Code:
Home Phone:		Are you legally authorized to work in the United States? YES () NO ()		Social Security Number:
Position applying for:		Shift Available for Work: 1 st () 2 nd () 3 rd () Any ()		Salary Desired:
		If position requires vehicle operation, do you have a valid driver's license? YES () NO () Number: _____		
How did you hear about Precise Orthodontics ?			Date you are available for work:	
Have you been convicted of a felony in the past 7 years? YES () NO () If yes, please explain:				<i>Information used only if relevant to positions(s) you are applying for.</i>

Please Complete Education Section If Job Related

Education	School Name	Major	Graduated	Years Completed
High School				
College				
Vocational				
Other				

EMPLOYMENT HISTORY (Please list most recent first)

Company Name:		Phone Number: ()	City:	State:	From:	To:
Job Title:		Immediate Supervisor:		Pay Rate: Start \$ _____ / _____ Last \$ _____ / _____		
Reason for Leaving:						
Your Position and Duties:						

CONTINUED ON BACK

EMPLOYMENT HISTORY CONTINUED

Company Name:	Phone Number: ()	City:	State:	From:	To:
Job Title:	Immediate Supervisor:		Pay Rate: Start \$ _____ / _____ Last \$ _____ / _____		
Reason for Leaving:					
Your Position and Duties:					
Company Name:	Phone Number: ()	City:	State:	From:	To:
Job Title:	Immediate Supervisor:		Pay Rate: Start \$ _____ / _____ Last \$ _____ / _____		
Reason for Leaving:					
Your Position and Duties:					
Company Name:	Phone Number: ()	City:	State:	From:	To:
Job Title:	Immediate Supervisor:		Pay Rate: Start \$ _____ / _____ Last \$ _____ / _____		
Reason for Leaving:					
Your Position and Duties:					

Please read the paragraphs below. If you agree to the conditions contained in the paragraphs, sign on the signature line at the bottom of this page.

STATEMENT OF DISCLOSURE:

I certify that the information provided by me in this Application is true and complete to the best of my knowledge. I understand that if I am employed, any false statements or omissions can lead to immediate dismissal, and I agree that Precise Ortho will not be held liable in any respect if my employment is terminated for that reason. Precise Ortho is hereby authorized to verify the information I have supplied and to conduct any investigation of my personal history. I understand and agree that if hired, my employment will not be for any fixed period of time and may be terminated at any time without prior notice or cause. I understand that any offer of employment may be conditioned on the results of a physical exam.

DRUG SCREENING:

I hereby agree to submit to medical testing for the presence of illegal drugs, alcohol or prescription medication taken without a prescription. I will hold all parties concerned harmless, meaning I will not sue nor hold anyone responsible for any alleged harm to me as a result of not submitting to the testing or the reported results of the testing. This includes, but is not limited to, possible clerical or laboratory error. I understand that Precise Ortho may require a drug screen or alcohol test whenever an on-the-job accident or injury is reported in accordance with Precise Ortho's policy and this authorization and consent. This policy and authorization is in a language I understand, and I understand that if I have questions I should ask them prior to signing below. I understand this is a legal and binding document.

REFERENCE RELEASE FORM

I voluntarily authorize Precise Ortho to investigate my character, qualifications, past employment, education and activities. I release from all liability, all persons, companies, corporations, schools or government agencies supplying such information. I understand that the employment information may include, but is not limited to, performance evaluations and reports, attendance records, disciplinary actions and opinions regarding my suitability for employment. I recognize that a copy of this authorization and release is as valid as the original and should be considered as such.

Signature

_____/_____/_____
Date