

**The New Pediatric Dental Care of Greater Orlando, Inc.**  
**11309 Lake Underhill Rd., Suite 103, Orlando, FL 32825**  
**7250 Red Bug Lake Road, Suite 1024, Oviedo, FL 32765**

## EMPLOYMENT APPLICATION

<b>Today's Date:</b>	<b>Available Start Date:</b>
<b>Position Applied For:</b> <input type="checkbox"/> Dentist <input type="checkbox"/> Manager <input type="checkbox"/> Front Desk/Billing <input type="checkbox"/> Dental Assistant <input type="checkbox"/> Custodian <input type="checkbox"/> Office Support (Front Desk & Dental Assistant) <input type="checkbox"/> Human Resources	
<input type="checkbox"/> <b>Full Time</b> <input type="checkbox"/> <b>Part Time</b>	

<i>(First)</i>	<i>(Middle)</i>	<i>(Last)</i>
Name:	SSN# :       -       -	
Street Address/City/State/Zip:		
Telephone (where you can most easily be reached): (       )		
E-mail Address:		
Are you legally entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you learn about the position?		

**PRIOR WORK EXPERIENCE** (Please list most recent employment first)

1.	Name of Company:
	Address:
	Position (duties):
	Phone: (       )
	Immediate Supervisor:
	May we contact if still employed?
	Reason for Leaving:
2.	Name of Company:
	Address:
	Position (duties):
	Phone: (       )
	Immediate Supervisor:
	May we contact if still employed?
	Reason for Leaving:
3.	Name of Company:
	Address:
	Position (duties):
	Phone: (       )
	Immediate Supervisor:
	May we contact if still employed?
	Reason for Leaving:

## EDUCATION

<b>College:</b> _____ <input type="checkbox"/> Attending _____ (scheduled graduation date) <input type="checkbox"/> Completed _____ (graduation date) <input type="checkbox"/> Certificate <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> DDS/DMD
<b>High School:</b> _____ Graduated: <input type="checkbox"/> Yes _____ (date) <input type="checkbox"/> No <input type="checkbox"/> GED
<b>List Special Skills/Languages/Training/Licenses or Certifications:</b> _____ _____

Have you <b>EVER</b> been convicted of, or pleaded guilty or no contest to a felony offense? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, provide: Date of conviction: _____
County/State in which the felony occurred: _____
Facts surrounding the conviction: _____ _____ _____

## PROFESSIONAL REFERENCES (Not relatives or friends)

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____
<b>PERSONAL REFERENCE (Relatives or friends may be listed)</b>
1. Name: _____ Relationship: _____ Phone: _____

I certify that all statements made in this application are true and complete and authorize Pediatric Dental Care of Greater Orlando, Inc. (PDC) to investigate all statements made from all prior employers, references, and law enforcement agencies. I hereby release all those persons, employers, references, agencies and PDC from any and all liabilities arising from their giving or receiving information about my employment history, qualifications or criminal record. **I further authorize PDC to conduct whatever background checks or to obtain whatever consumer reports are necessary or appropriate to either verify information provided by me on this application or in interviews relating to prospective employment, or to verify any material change in my background at any time during my employment.**

I understand that any false answers or statements or misrepresentations by omission made by me as part of my application will be sufficient for rejection of my application or for my immediate discharge should one be discovered after I am employed.

I understand that nothing in this employment application, in PDC's statements of personnel policies or in my communication with any team member or official is intended to create an employment contract between PDC and me, and that my employment with the company is entered into voluntarily, and that I may resign at any time. Similarly, my employment may be terminated with or without cause at any time without prior notice.

I acknowledge that I do not use illegal substances and I do not use legal substances that would impair my ability to perform the job requirements. **I am willing to undergo drug testing as a part of my employment application at PDC.**

PDC is an Equal Opportunity Employer. Any person applying for a position with PDC will be considered for the position for which he/she has applied without regard to race, religion, sex, age, national origin, gender, marital status, pregnancy, disability or any other basis prohibited by law.

I hereby acknowledge that I have read and understand the preceding statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_