

# APPLICATION FOR EMPLOYMENT VERSION 1.3.1 REVISION DATE 6/3/2009

NOTICE: It is the policy of Arrowhead Dental Laboratory to actively recruit and hire qualified applicants, regardless of race, sex, religion, color, national origin, mental or physical disability, Vietnam or disabled veteran's status, age, or other protected status in accordance with applicable law.

#### **GENERAL INFORMATION**

| Position(s) Applying For  |        | Job Number  | Today's Date       | Today's Date   |  |
|---|--------|---|--------------------|----------------|--|
| Name (as it appears on Social Security Card)  |        | If you have worked under another name, please indicate:   |                    | ease indicate: |  |
| Current Address   |        | City  | State              | Zip Code       |  |
| Telephone Number (include area code)         Alternative Telephone Numb   |        | per (include area code)   | Email Address      |                |  |
| I Desire: 🗌 Full Time 🗌 Part Time 🗌   | Other: | Desired Salary  | Desired Start Date |                |  |
| If you checked "Part Time" or "Other" what hours can you work:<br>Are you willing to work any shift:<br>If no, what shift(s) can you work:<br>Are you available for overtime work:<br>Yes<br>No |        | Generally, immediate family members of current employees are<br>not eligible for employment with Arrowhead Dental Laboratory<br>except in certain circumstances. We try to avoid any possible<br>conflicts of interest. Do you have any relatives or friends (such<br>as roommates) who currently work for us? Yes No<br>If yes, state names: |                    |                |  |
|   |        |   | ,, <u></u>         | <u></u>        |  |
| Please state positions you are applying for:  |        |   |                    |                |  |
| If yes, please give details. Conviction of a crime is not an automatic disqualification for employment. Do not list any arrest, charge or detention that did not result in conviction           |        |   |                    |                |  |

#### EDUCATION AND TRAINING RELEVANT TO POSITION BEING APPLIED FOR

| Туре               | School | Address/Location | Course of Study | Degree/License/Certification |
|--------------------|--------|------------------|-----------------|------------------------------|
| High School        |        |                  |                 |                              |
| College            |        |                  |                 |                              |
| Technical Training |        |                  |                 |                              |
|                    |        |                  |                 |                              |
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#### **GENERAL SKILLS**

| Typing Speed (if applicable): WPM   | Skills  |  |
|---|---|--|
| 10 Key:       By Touch       By Sight       WPM         Certification(s):       CDT Type(s) | Dental Terminology Medical Terminology Data Entry Windows Microsoft Office Switchboard (# of lines: ) | Data Processing LAN / WAN Computer Use Spreadsheets Word Processing Filing |
| Please state any other qualifications and experience that qualify you for the position:     | Book Keeping     Other:   | Accounting   |

#### **EMPLOYMENT HISTORY**

| Employer           | Date Er<br>From: | nployed<br>To: |            | Work Performed |
|--------------------|------------------|----------------|------------|----------------|
| Reason For Leaving |                  |                |            |                |
| Job Title          |                  | Salary         | Beginning: | Ending:        |
| Supervisor         |                  | Telephone      | Number     |                |

| Employer                                   | Date Employ<br>From: | yed<br>To:  |            | Work Performed |
|--|----------------------|-------------|------------|----------------|
| Reason For Leaving                         | I                    |             |            |                |
| Job Title                                  |                      | Salary      | Beginning: | Ending:        |
| Supervisor                                 |                      | Telephone N | lumber     |                |
| If currently employed, may we contact: Yes | 🗌 No                 |             |            |                |

| Employer                                    | Date Employed<br>From: To: |             |            | Work Performed |
|---|----------------------------|-------------|------------|----------------|
| Reason For Leaving                          |                            |             |            |                |
| Job Title                                   |                            | Salary      | Beginning: | Ending:        |
| Supervisor                                  |                            | Telephone N | lumber     |                |
| If currently employed, may we contact:  Yes | 🗌 No                       |             |            |                |

| Employer | Date Employed<br>From: To: | Work Performed |
|----------|----------------------------|----------------|
|          |                            |                |

| Salary             |
|--------------------|
| Beginning: Ending: |
| Telephone Number   |
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| Employer                                   | Date Employ<br>From: | /ed<br>To:  |            | Work Performed |
|--|----------------------|-------------|------------|----------------|
| Reason For Leaving                         |                      |             |            |                |
| Job Title                                  |                      | Salary      | Beginning: | Ending:        |
| Supervisor                                 |                      | Telephone N | lumber     |                |
| If currently employed, may we contact: Yes | 🗌 No                 |             |            |                |

| Employer                                   | Date Employ<br>From: | ved<br>To: |            | Work Performed |
|--|----------------------|------------|------------|----------------|
| Reason For Leaving                         |                      |            |            |                |
| Job Title                                  |                      | Salary     | Beginning: | Ending:        |
| Supervisor                                 |                      | Telephone  | Number     |                |
| If currently employed, may we contact: Yes | □ No                 |            |            |                |

### ADDITIONAL EMPLOYMENT HISTORY

| Name of Employer | Telephone | Position Held | Work Performed | Employment Dates |
|------------------|-----------|---------------|----------------|------------------|
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## **VERIFICATION / SIGNATURE / RELEASE STATEMENT**

I certify that the facts and information given in this application, in any attachments or supporting documents, and in any interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when or how discovered.

ARROWHEAD

I authorize the investigation of all matters that Arrowhead Dental Laboratory (the "company") deems relevant to my qualifications for employment, including all statements made in this application and any attachment or supporting documents, and in any interviews. I authorize the company and any of its agents, including an external consumer reporting agency, to request and receive such information. I authorize the company to obtain consumer reports and investigative consumer reports about me from any consumer reporting agency and to consider reports when making decisions regarding my application or, if hired, my employment with the company. This authorization extends to periodic rescreening of employees after hire. I release from all liability any persons (such as current or former supervisors, coworkers, etc.), employers and other entities (schools, etc.) supplying information. I also release the company from all liability that might result from conducting the investigation.

I understand that I may resign or be terminated, without cause or notice, at any time and for any reason, unless otherwise stated in an employment contract. I also understand that the company's president or owner are the *only* people who will *ever* have the authority to agree to any other terms of employment and/or enter into such contracts and that all such agreements for other terms of employment or contracts must be in writing and signed by both parties. I also understand that unless otherwise stated in an employment contract, the company may, in its sole discretion, change, withdraw and interpret *other* policies (including wages, hours and working conditions) as it deems appropriate. I acknowledge that no promises of specific treatment in certain situations have been made to me. I also understand only the company president or owner are authorized to make promises of specific treatment in certain situations, and that any such promises must be in writing and signed by both parties.

I understand that I will be required to submit to a post-offer urinalysis test for the presence of drugs and/or alcohol. Important: This means that with very few exceptions, an employee may be required to submit to drug and/or alcohol testing in several different circumstances. Ask to see a copy of our employee drug and alcohol policy if you have any questions. I agree to such testing at the company's expense. I authorize release of the results to the company and their use to evaluate my suitability for employment.

If I accept employment with the company, I consent to having my e-mail and other electronic communications using company systems accessed, monitored and disclosed for any business purpose. If I accept employment with the company, I also agree to consent to the company's conducting investigations that may involve me either through internal personnel or by hiring an investigative agent including an external consumer reporting agency. I understand that if I fail to cooperate with such an inquiry, I may be subject to discipline, up to and including immediate termination of employment.

If I accept employment with the company, I agree that if the company advances money or other things of value to me, or I otherwise become financially indebted to the company, I will repay that indebtedness. I also agree that any amounts due from me to the company at the time of termination may be offset against any wages or other money owed to me, and deducted from my paycheck(s), to the extent allowed by law.

If I accept employment with the company and am subsequently convicted of or plead guilty or no contest to a felony or any misdemeanor affecting my employment (including driving offenses if my job involves driving for the company), I will notify Human Resources of that conviction immediately.

I understand and agree that if I am hired, the statements in these paragraphs will become a binding part of my employment relationship with Arrowhead Dental Laboratory.

| Applicant's Signature          | Date |
|--------------------------------|------|
|                                |      |
| Full Legal Name (please print) |      |