

**Bonnie L. Bateman, DDS and Gerald Ganz, DDS, APC, dba,
Los Altos Dental**

Employment Application

Position(s) applied for _____ Date of Application ____/____/____
Name _____ Email Address _____
Address _____ Telephone _____
City, State Zip _____ Cell Phone _____

Are you legally eligible for employment in the U.S.: Yes:___ No:___ (Proof of identity and U.S. citizenship or immigration status will be required upon employment.)

Have you ever been employed by the Practice before: Yes ___ No ___ If yes, please provide dates, position held, and reason for leaving: _____

Have you ever been convicted of a felony? Do not include information regarding a juvenile conviction, a marijuana conviction that is more than two years old, or convictions that have been expunged. Yes___ No ___ (A conviction may be relevant if job-related, but does not necessarily bar you from employment).

If yes, conviction date: _____ Explanation: _____

If offered a job and are under 18 years of age, can you furnish a work permit: Yes ___ No ___

Driver's license number, if position applied for requires driving _____ State _____
Class _____

Date available to start work ____/____/____ I am available to work: Full-time:____ Part-time:____ Temp: _____

EDUCATIONAL BACKGROUND:

High School name and location: _____ Did you graduate?

College name and location:

Major / Degree Achieved

Other Educational Institution(s):

Other Degree / Certification Achieved _____

SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications acquired from employment, membership in professional organizations or other experiences that may qualify you for work with the Practice. Exclude those that indicate race, color, religion, gender, gender identity, national origin, ancestry, age, physical or mental disability, medical condition, sexual orientation or marital status.

REFERENCES:

Name and phone number: _____

Name and phone number: _____

Name and phone number: _____

EMPLOYMENT HISTORY:

Starting with the most recent, list your prior employers or work experience for the past 10 years. You may include military service and volunteer activities that are related to job experience.

From _____ To _____ Hourly rate / salary _____

Employer / Address / Phone _____

Job title and duties _____

Last immediate supervisor and title _____

Reason for leaving _____

From _____ To _____ Hourly rate / salary _____

Employer / Address / Phone _____

Job title and duties _____

Last immediate supervisor and title _____

Reason for leaving _____

From _____ To _____ Hourly rate / salary _____

Employer / Address / Phone _____

Job title and duties _____

Last immediate supervisor and title _____

Reason for leaving _____

I hereby certify that all of the foregoing information I have supplied in this application is correct and complete. I understand and agree to allow **Bonnie L. Bateman, DDS and Gerald Ganz, DDS, APC, dba, Los Altos Dental** ("the Practice") to verify the information provided. I further understand that any falsification of information will constitute grounds for immediate dismissal upon discovery thereof. I give the Practice permission to contact any or all of my previous employers and references for full information and hereby release the Practice from any and all liability for doing so. I also understand that all offers of employment are conditioned upon the satisfactory completion of reference and/or background checks, and the submission of valid documentation that confirms my identity and authorization to work in the United States.

If employed and in consideration of my employment, I agree to conform to the rules, policies and procedures of the Practice. **I understand that, if hired, I will be an at-will employee, which means that I may terminate my employment at any time, that the Practice may transfer, reassign, suspend or demote me at any time, and that my employment may be terminated at any time, with or without notice and with or without cause.** I further understand that no one has any authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the foregoing other than in a writing signed by Dr. Bonnie Bateman.

Signature of Applicant: _____

Date ____/____/____

Print Name: _____