



## Dental Professionals Application

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

### An Equal Opportunity Employer

It is the policy of Dental Professionals to consider all applicants without regard to race, religion, color, sex, age, marital status, national origin, disability, veteran status or any other basis prohibited by applicable federal, state, or local anti-discrimination laws. Applicants with disabilities needing assistance completing any forms or to otherwise participate in the application process may call 206-767-4851.

### Applicant Information: (Please Print)

Full Name: \_\_\_\_\_  
Last First Middle Initial

Address: Street Address Apartment/Unit #

City State Zip Code

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

(Circle Primary Number)

### Employment Positions:

Position applying for: \_\_\_\_\_

Washington State License or Registration Number: \_\_\_\_\_

Permanent Work Only  Yes  No

Temporary Work Only  Yes  No

Temporary and/or Permanent Placement  Yes  No

What days are you available for permanent work?

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

In what locations are you seeking permanent work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What days are you available for temporary work?

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Please "x" all locations below where you would accept temporary assignments at:

- North** (Includes Bellingham-Mt. Vernon-Arlington-Blaine-Ferndale-Anacortes-Burlington-Sedro Wooley-Smokey Point-Darrington-Stanwood)
- Everett Area** (Includes Everett-Mill Creek-Granite Falls-Marysville-Lake Stevens-Mukilteo)
- North East** (Includes Bothell-Monroe-Snohomish-Sultan-Woodinville-Thrashers Corner-Kenmore)
- Downtown** (Includes Capital Hill-Central Downtown-International District-First Hill-Madison Park-Belltown)
- Eastside** (Includes Kirkland-Redmond-Bellevue-Issaquah-Newport Hills-Factoria-Juanita-Totem Lake-Newcastle-Sammamish-Mercer Island-Snoqualmie)
- Renton Area** (Includes Maple Valley-Renton-Skyway-Renton Highlands-Tukwila-Southcenter)
- South King County** (Includes Kent-Des Moines-Sea Tac-Midway-Covington)
- Mt. Rainier Area** (Includes Puyallup-Sumner-Orting-Black Diamond-Enumclaw-Bonney Lake-Buckley-Carbonado-Graham-Eatonville)
- South West** (Includes West Seattle-White Center-High Point-Burien-Seahurst-Normandy Park)
- Olympic Peninsula** (Includes Bremerton-Port Orchard-Silverdale-Poulsbo-Port Townsend-Kingston-Port Angeles-Sequim)
- Eastern Washington** (Includes Spokane-Wenatchee-Yakima-Tri-Cities-Other-Cle Elum-Ellensburg-Moses Lake-Sunnyside) – circle or list eastern Washington areas that you are able to work. \_\_\_\_\_

- Lynnwood Area** (Includes Lynnwood-Edmonds-Alderwood Manor-Mountlake Terrace-Brier-Lake Forest Park-Shoreline-Woodway-Richmond Beach)
- Northgate Area** (Includes Lake City-Northgate-Greenwood-Ballard-Wedgewood-Roosevelt-University-Wallingford-Fremont-Queen Anne-Magnolia-Greenlake)
- North Bend** (Includes Duvall-Carnation-Snoqualmie-North Bend-Fall City)
- Beacon Hill Area** (Includes Beacon Hill-Georgetown-Mt. Baker-Columbia City-South Park-Rainier Valley)
- Tacoma Area** (Includes Auburn-Algona-Pacific-Milton-Federal Way-Fife-Tacoma-Spanaway-Gig Harbor-Purdy-Lakewood-University Place-Steilacoom-Ft. Lewis-Dupont-Parkland)
- Olympia Area** (Includes Olympia-Tumwater-Centralia-Chehalis-Ocean Shores-Long Beach-Kelso-Longview-Vancouver-Portland-Lacey-Yelm-Shelton)
- Islands** (Includes Vashon Island-Camano-Whidbey Island-Bainbridge Island-San Juan Islands)

**Personal Information:**

Have you ever applied to, registered with, or worked for Dental Professionals?  Yes  No

If hired/registered, would you be able to present evidence of your US citizenship or proof of your legal right to work in the US?  Yes  No

Do you have a valid driver's license?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Have you been convicted of a misdemeanor within the last ten (10) years?  Yes  No

If yes, please describe the crime, state nature of crime(s), when and where convicted and disposition of case:

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<b>Previous Employment:</b> Please list for last seven (7) years – if necessary list on a separate page.	
Company:	Position:
Address:	Supervisor:
City/State:	Supervisor Phone:
Company Phone:	Salary:
Dates Employed:	Reason For Leaving:
Company:	Position:
Address:	Supervisor:
City/State:	Supervisor Phone:
Company Phone:	Salary:
Dates Employed:	Reason For Leaving:
Company:	Position:
Address:	Supervisor:
City/State:	Supervisor Phone:
Company Phone:	Salary:
Dates Employed:	Reason For Leaving:

<b>Education:</b>	<b>School</b>	<b>Location</b>	<b>Graduated</b>	<b>Major or Field of Study</b>
High School:			<b>Graduated Y N</b>	
Vocational:			<b>(Date Graduated)</b>	
<b>(Location)</b>				
College:			<b>(Date Graduated)</b>	
<b>(Location)</b>				

**Professional References:** Please list three (3) professional references

Full Name:	Full Name:	Full Name:
Position:	Position:	Position:
Phone:	Phone:	Phone:
Company:	Company:	Company:

**APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION**

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment or representation. I further understand that, should an offer of employment or representation be extended by Dental Professionals that such employment or representation with Dental Professionals is at will, for no specified duration and may be terminated by either Dental Professionals or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Dental Professionals or its representatives used during the employment process is deemed a contract of employment or representation real or implied. In consideration for employment or representation with Dental Professionals, if employed, I agree to conform to the rules, regulations, policies and procedures of Dental Professionals at all times and understand that such obedience is a condition of employment or representation.

I understand that if offered a position with Dental Professionals, I will be required to submit to a pre-employment background check as a condition of employment.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Dental Professionals and/or any of its prospective employers and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**