



APPLICATION FOR EMPLOYMENT

Barksdale Dental Laboratory is an Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? ☐ Yes ☐ No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) ☐ Yes ☐ No

Have you ever been terminated from employment or asked to resign by an employer? ☐ Yes ☐ No

If yes, please provide company names and details _____

Have you been convicted of a crime? (**Do not include convictions that were sealed or expunged pursuant to a court order**). ☐ Yes ☐ No. *If yes, please explain. Please note that a "Yes" answer will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.*

Can you work any shift? ☐ Yes ☐ No

Can you work overtime, including weekends? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ☐ Yes ☐ No

EMPLOYMENT DESIRED

Date you can start _____ Hourly Rate/Salary desired _____

Position desired _____

Are you currently employed? ☐ If so, may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? _____ Advertisement _____ Referral _____ Other _____

Have you ever worked for this company before? ____ Yes ____ No Explain _____

Do you know anyone who works for our company? ____ Yes ____ No If yes, who? _____

EDUCATION

Name of School	No. of Years Attended	Degree Received	Subjects studied/Major

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

EMPLOYMENT HISTORY *Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration.*

Employer Name	Start Date	End Date
Position(s) Held	Immediate Supervisor and Title	
Employer Address	Employer Phone Number	
Summarize the nature of work performed and job responsibilities:		
Reason for Leaving:		
Hourly Rate/Salary:		

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Summarize the nature of work performed and job responsibilities:		
Reason for Leaving:		
Hourly Rate/Salary:		

Computer Skills (please describe):

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REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Phone/Email	Company	Years Acquainted

Please read carefully before signing.

Barksdale Dental Laboratory, is an equal opportunity employer. Barksdale Dental Laboratory, does not discriminate in employment on the basis of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Barksdale Dental Laboratory, to hire me. If I am hired, I understand that either Barksdale Dental Laboratory, or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Barksdale Dental Laboratory has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Barksdale Dental Laboratory, true and complete information on this application. No requested information has been concealed. I authorize Barksdale Dental Laboratory to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.