



# Application for Employment

**Please read before filling out this application**

Koren Dental Management (KDM) does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age with respect to persons 18 years or older. No question on the application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **KDM intends to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive consideration for **thirty (30) days**. If you have not heard from us within thirty days and wish to receive further consideration for employment, it will be necessary for you to request in writing that the company reactivate your application for another thirty days.

## Personal Data

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number \_\_\_\_\_ Are you 18 years or older?  Yes  No

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

If yes, explain \_\_\_\_\_  
*(A "yes" answer to this question does not necessarily preclude consideration for employment)*

## Employment

Job applied for \_\_\_\_\_ Salary desired \_\_\_\_\_

Have you ever applied here before? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever worked for this Company before? \_\_\_\_\_ When? \_\_\_\_\_

If yes, give the name(s) if different from the one given on this application \_\_\_\_\_

When could you report for work? \_\_\_\_\_

What offices are you willing to work in? Smithfield Creedmoor Pittsboro Roxboro Leland

## Relatives In Our Employment

Name	Relationship	Name	Relationship

## Military

Branch of Service: \_\_\_\_\_

Duties in the service, including schools and training: \_\_\_\_\_

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## Special Skills

What knowledge, special technical or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate and/or any software applications you are proficient in. \_\_\_\_\_

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List any first aid or emergency response training for which you are currently certified (give date of certification). \_\_\_\_\_

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## References

Give three references who are not relatives or former employers.

Name	Occupation	Years Known	Phone	Address

## Affidavit

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish to Koren Dental Management my record, reason for leaving and all information they may have concerning me, and hereby release them and Koren Dental Management from all liability for any damage whatsoever arising there from.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish Koren Dental Management with information used in connection with the evaluation of my qualifications as a prospective employee. I release such persons and organizations from any legal liability in making such statements.

I understand that in the event of my employment by Koren Dental Management, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by Koren Dental Management, I agree to abide by all present and subsequently issued rules of the Company.

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