



Application for Employment

It is the policy of Hillcrest Dental Care ("Hillcrest Dental") to provide equal opportunity to all employees and applicants for employment without unlawful discrimination as to race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, citizenship status, religion, ancestry, genetic information, status as a disabled or Vietnam Era veteran of the United States Armed Forces, being a member of the Reserves or National Guard or status in any other group protected by federal, state or local law, in all employment decisions, including but not limited to recruitment, hiring/selection, job assignment, compensation, training and apprenticeship, promotion, upgrading, demotion, downgrading, recall, transfer, layoff, leaves of absence, supervision, compensation, discipline, termination, access to benefits and training and all other terms and conditions of employment.

Name: Last First Middle

Address: # Street City State Zip Code

Home Phone Cell Phone E-mail Address

Position(s) Applied For Date of Application

Schedule/Shift Preferred Expected Pay

Would you accept full-time work: Yes No Would you accept part-time work: Yes No

Days available to work: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

On what date would you be available to start work at Hillcrest Dental Care? _____

How did you learn about Hillcrest Dental Care? _____

If you were referred by a current Hillcrest employee, please state the employee's name: _____

Have you ever filed an application with Hillcrest Dental? Yes No If yes, please give dates _____

Have you ever been employed with Hillcrest Dental before? Yes No If yes, please give dates/campus _____

Are you legally eligible for employment in the United States? Yes No (If yes, proof is required if hired)

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

Are you currently on layoff status and subject to recall? Yes No



Education

High School: _____ Location _____

Course of Study _____ Did you graduate? Yes No Degree or diploma _____

College/Univ.: _____ Location _____

Course of Study _____ Did you graduate? Yes No Degree or diploma _____

Graduate School: _____ Location _____

Course of Study _____ Did you graduate? Yes No Degree or diploma _____

Professional: _____ Location _____

Course of Study _____ Did you graduate? Yes No Degree or diploma _____

Vocational/Other: _____ Location _____

Course of Study _____ Did you graduate? Yes No Degree or diploma _____

Special Training or Skills

Describe any specialized training, apprenticeship, skills or other experiences that may enhance your employment potential.

Other Information

Are you able to perform the “essential functions” of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicants disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law.

Yes No Need more information about the job’s essential functions.

Social Security Number: _____ - _____ - _____

(Hillcrest Dental Care will make reasonable efforts to safeguard the privacy of this information and will use it only for employment purposes).

Employment Experience

Place X by employer(s) you DO NOT want us to contact. List most recent employer first. You may include any verified work performed on a volunteer

Employer _____
Contact Name _____ E-mail: _____
Address _____ Phone: _____
Job Title _____ Supervisor: _____
Dates Employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Hourly rate/salary: starting ____ final ____
Work Performed _____
Reason for Leaving _____

Employer _____
Contact Name _____ E-mail: _____
Address _____ Phone: _____
Job Title _____ Supervisor: _____
Dates Employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Hourly rate/salary: starting ____ final ____
Work Performed _____
Reason for Leaving _____

Employer _____
Contact Name _____ E-mail: _____
Address _____ Phone: _____
Job Title _____ Supervisor: _____
Dates Employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Hourly rate/salary: starting ____ final ____
Work Performed _____
Reason for Leaving _____

References

List two people[not relatives or former supervisors] who will give you a personal reference:

1. _____ [Name] _____ [Phone #]
2. _____ [Name] _____ [Phone #]

Applicant Statement

I certify that all the information submitted by me on this application is true and complete and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed my employment may be terminated at any time.

I understand that, if hired, I would be an employee at-will. I shall conform to Hillcrest Dental's rules and regulations and I understand that these rules and/or any employee handbook do not form a contract of employment either express or implied. I further understand that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or Hillcrest Dental's option.

I also understand that if hired, the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by Hillcrest Dental. I understand that no Hillcrest Dental representative, other than its president, and then only in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I expressly authorize, without reservation, Hillcrest Dental, its representatives, employees or agents to contact and obtain information from all references, employers, previous employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive and release any and all rights and claims I may have regarding Hillcrest Dental, its representatives, employees or agents for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I also understand that any offer of employment by Hillcrest Dental is considered a conditional offer of employment and is contingent upon the above-mentioned investigation of my references, the results of my Background Record Check (BRC) to include Criminal Offender Record Information (CORI), Department of Children and Families (DCF), National Criminal and Sexual Offender Check, Social Security Verification, successful completion of pre-employment drug test – and verification of my ability to perform the essential functions of the position for which I applied, with or without reasonable accommodation.

No question on this application is intended to secure information to be used for any discriminatory purpose. This is in accordance with all applicable federal and state law, including, but not limited to, Section 504 of the Rehabilitation Acts of 1973, as amended, the Americans with Disabilities Act, as amended, the Civil Rights Act of 1964, as amended., Article 114 of the Massachusetts Constitution, Chapters 151B and 272, sections 92, 98, and 98A, of the Massachusetts General Laws and Executive Orders 227, 246 and 253. Hillcrest Dental does not tolerate unlawful discrimination or harassment based on race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, citizenship status, religion, ancestry, genetic information, status as a disabled or Vietnam Era veteran of the United States Armed Forces, being a member of the Reserves or National Guard or status in any other group protected by federal, state or local law. Harassment of our employees is prohibited, whether it is committed by a manager, coworker, subordinate or non-employee (such as a vendor or customer). Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, comments, jokes, or epithets, threats, insults, name-calling, offensive gestures, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate or single-out a person because of his/her membership in a protected category. Hillcrest Dental takes all complaints of harassment seriously, and each will be investigated promptly and thoroughly.

Hillcrest Dental will give this application every consideration. However, in accepting it, we make no commitment of employment to the applicant. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from Hillcrest Dental and still wish to be considered for employment, it will be necessary for me to reapply and/or complete a new application.

Lie Detector Tests:

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Applicant's Signature _____

Date _____