

Southwest Georgia Dental Associates

Employment Application

Position to which you are applying: (Please Circle)

Administrative or Hygienist or Assistant

Name _____ DOB _____ Age _____
Address: _____ City _____ State _____ Zip _____
Home # _____ Cell # _____ Other# _____ Email _____
SS# _____ Date available to start _____ Desired Salary _____

EDUCATION

High School _____
Graduate _____, If so, what year? _____ GED _____

College _____
Graduate _____, If so, what year? _____
Major _____ Degree _____

College _____
Graduate _____, If so, what year? _____
Major _____ Degree _____

Special Certifications/Training _____

REFERENCES

Name _____
Relation _____ Phone _____

Name _____
Relation _____ Phone _____

Name _____
Relation _____ Phone _____

EMPLOYMENT

Company _____
Supervisor _____ Phone _____
Address _____

Job Title _____ From _____ To _____
Starting Salary _____ Ending Salary _____
Reason for Leaving _____
May we contact your previous supervisor? Yes or No

Company _____
Supervisor _____ Phone _____
Address _____

Job Title _____ From _____ To _____
Starting Salary _____ Ending Salary _____
Reason for Leaving _____
May we contact your previous supervisor? Yes or No

Company _____
Supervisor _____ Phone _____
Address _____

Job Title _____ From _____ To _____
Starting Salary _____ Ending Salary _____
Reason for Leaving _____
May we contact your previous supervisor? Yes or No

I certify that my answers are true and complete to the best of my knowledge. If this application leads to my employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____

Please return form to: Dr. Michael R. Carr, 100 W. Chason Street, Donalsonville, GA 39845