

# SHALA RANJBAR, DMD, PLC

## Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Employment Desired	Flexible <input type="checkbox"/>	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Days/Hours available to work	Flexible <input type="checkbox"/>	MON _____	TUE _____ WED _____ THR _____ FRI _____ SAT _____
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Do you have a current driver License?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
What is your mean of transportation to work?	Car <input type="checkbox"/> Other <input type="checkbox"/>	If other, explain	

EDUCATION/CERTIFICATION			
			Address
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
			Address
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
			Address
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Address	Phone ( )
Full Name	Relationship
Address	Phone ( )
Full Name	Relationship
Address	Phone ( )

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release without any notice, and with or without pay.	
I understand that Company may conduct a background check and Drug Screening prior to employment.	
Signature	Date