



### Dental Group at Reston Station

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. (You may type or print and complete).

Last Name	First Name	Middle Name	
Present Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	

Date of Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

What is your desired salary range?: \_\_\_\_\_

Are you eligible for employment within the United States?  Yes  No

(Proof of citizenship or immigration status will be required upon employment.)

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?  Yes  No

If yes, please provide dates and details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### EDUCATION AND PROFESSIONAL TRAINING

High School: \_\_\_\_\_ Years Completed: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Years Completed: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_

Other: \_\_\_\_\_ Years Completed: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_

**CERTIFICATIONS, REGISTRATIONS AND LICENSES**

Certification, Registration or License Type      Document Number      State      Date Issued      Expiration Date      Temporary or Permanent

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Has your License/Registration/Certification ever been under review, revoked or suspended because of activity related to patient care or the performance of your duties in your profession?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EMPLOYMENT EXPERIENCE**

Provide the following information of your past four employers or volunteer activities, starting with the most recent.

Employer: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Starting Hourly/Salary: \_\_\_\_\_ Ending Hourly/Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

Starting Hourly/Salary: \_\_\_\_\_ Ending Hourly/Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

Starting Hourly/Salary: \_\_\_\_\_ Ending Hourly/Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Starting Hourly/Salary: \_\_\_\_\_ Ending Hourly/Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If you need additional space, please continue on a separate sheet of paper.

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**REFERENCES**

1. \_\_\_\_\_  
Name Phone Number
  
2. \_\_\_\_\_  
Name Phone Number
  
3. \_\_\_\_\_  
Name Phone Number

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**OTHER QUALIFICATIONS**

Summarize special job-related skills and qualifications or additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_