



# Application for Employment

**DRAKE PRECISION DENTAL LABORATORY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST OTHERWISE QUALIFIED APPLICANTS ON BASIS OF RACE, COLOR, CREED, RELIGION, ANCESTRY, AGE, SEX, MARITAL STATUS, NATIONAL ORIGIN, DISABILITY OR HANDICAP, OR VETERAN STATUS.**

Date \_\_\_\_\_

## Personal Information

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.		
PRESENT ADDRESS	CITY	STATE	ZIP CODE	HOW MANY YEARS HAVE YOU LIVED AT THIS ADDRESS?
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? (If offered employment, you will be required to provide documentation to verify eligibility) <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU AT LEAST 18 YRS OF AGE? <b>IF NOT AT LEAST 18, HOW OLD?</b> → <input type="checkbox"/> YES <input type="checkbox"/> NO	AVAILABLE FOR FULL TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, HOW MANY WEEKLY HOURS CAN YOU WORK?	
HOME PHONE ( ) ( )	CELL PHONE (If Applicable) ( ) ( )	REFERRED BY:		
DURING THE LAST 7 YEARS, HAVE YOU EVER BEEN CONVICTED OF A CRIME ? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:  (A conviction will not automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered)			

## Employment Desired

POSITION SOUGHT	DATE YOU CAN START	SALARY DESIRED
ARE YOU PRESENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO DRAKE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHEN?	WERE YOU HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO

## Education History

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED / DEGREE OR CERTIFICATE OBTAINED
HIGH SCHOOL			
COLLEGE			
TRADE OR BUSINESS SCHOOL			
OTHER TRAINING OR DEGREES			

## Employment History (Start with most recent employer)

DATES: MONTH / YEAR <b>FROM:</b> <b>TO:</b>	NAME AND ADDRESS OF EMPLOYER:	PAY RATE	POSITION TITLE	REASON FOR LEAVING
SUPERVISOR NAME	JOB DUTIES:	CHECK ONE: FULL TIME ( ) PART TIME ( )	DEPARTMENT	PHONE NUMBER:
DATES: MONTH / YEAR <b>FROM:</b> <b>TO:</b>	NAME AND ADDRESS OF EMPLOYER:	PAY RATE	POSITION TITLE	REASON FOR LEAVING
SUPERVISOR NAME	JOB DUTIES:	CHECK ONE: FULL TIME ( ) PART TIME ( )	DEPARTMENT	PHONE NUMBER:

DATES: <b>MONTH / YEAR</b> <b>FROM:</b> <b>TO:</b>	NAME AND ADDRESS OF EMPLOYER:	PAY RATE	POSITION TITLE	REASON FOR LEAVING
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SUPERVISOR NAME	JOB DUTIES:	CHECK ONE: FULL TIME ( ) PART TIME ( )	DEPARTMENT	PHONE NUMBER:

**References** (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR AND 3 PERSONS THAT YOU HAVE WORKED WITH OR WORKED FOR)

Personal	NAME	PHONE NUMBER	NATURE OF RELATIONSHIP TO PERSON	YEARS KNOWN
Work-Related	NAME	PHONE NUMBER	BUSINESS NAME AND ADDRESS	YEARS KNOWN

***Additional Information, Knowledge, Skills, Abilities, etc.***


***Authorization***

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.  
I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

***Print and Fax Application to : (704) 845-2289      ATTN: Human Resources***