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APPLICATION FOR EMPLOYMENT

Pinnacle Peak Dental Center is an equal opportunity employer. It is our policy that all applicants be considered solely on the basis of qualifications and ability without regard to age, race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sexual orientation or sex, or any other characteristic protected by applicable state and federal laws. It is our policy to only accept applications for open positions.

COMPLETE FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS, EVEN IF ACCOMPANIED BY A RESUME.

Name (Last, First, Middle) _____ Date _____ / _____ / _____ Social Security Number _____ - _____ - _____

Street Address _____ City _____ State _____ Zip _____

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Phone (home) _____ Phone (specify) cell, work, message _____ e-mail address _____

Positions applying for 1) _____ Status: Full-time Part-time Temporary

2) _____ Shifts: Days Evenings Nights Any

Are you available to work: MON-FRI ONLY SATURDAYS SUNDAYS

How did you hear about PPDC? Referred by: _____ Job Fair at: _____ Ad: _____ Other: _____

If any of PPDC offices require your help, are you willing to travel to any of PPDC offices? Yes No If "no", why? _____

Have you been convicted of a misdemeanor or felony within the last 10 years? Yes No

Have you been convicted of driving under the influence of alcohol or drugs within the last 10 years? Yes No

Have you received any marijuana-related convictions within the last five years? Yes No

If you answered yes to any of these questions, please give dates, places, offenses and outcomes below: _____

A conviction will not necessarily disqualify applicant from employment. As a condition of employment you may be required to take and pass a drug and/or alcohol screen in any or all of the following circumstances: Pre-employment, Post-accident, For Cause, and Random Selection. Testing will be done at the company's expense and administered by a testing facility designated by the company. Results of any testing will be kept strictly confidential. If requested, are you willing to comply with this testing? Yes No

Do you have the legal right to work and be employed in the United States: Yes No (Proof of identity and legal authorization to work

Are you at least age 18? Yes No in the U.S. is a condition of employment.)

Desired Salary: _____

EDUCATION

Type of school	Name and location of school	Dates attended	Major subjects studied	Circle last yr. completed	No. of credit Hrs. completed	Degree Received
High School				1 2 3 4		
College				1 2 3 4		
Other				1 2 3 4		
Additional courses or graduate studies (include length of course)						

EXTRACURRICULAR ACTIVITIES, HONORS AND PROFESSIONAL ORGANIZATIONS

Include offices held. Exclude activities or affiliations related to race, creed, color, religion, national origin, ancestry, pregnancy, age, marital status, sexual orientation, or physical or mental disability.

In High School: _____

In College: _____

Professional Organizations: _____

Other: _____

PROFESSIONAL LICENSURE, AND/OR CERTIFICATION

Type	License or Registration No.	Expiration Date	State

.U.S. MILITARY HISTORY

Are you a veteran of the U.S. Military Service? Yes No Indicate branch: _____ Highest rank held: _____

List your principal duties and describe any special training you received that would aid you in position(s) that you are applying for: _____

COMPUTER & MISCELLANEOUS SKILLS (if applicable)

List all computer programs, as well as programming languages and operating systems in which you are proficient:

- | | | | | |
|---|------------------------------------|-------------------------------------|--|----------------------------------|
| <input type="checkbox"/> MS Word | <input type="checkbox"/> Access | <input type="checkbox"/> Dexis | <input type="checkbox"/> Medical Terminology | Other Dental Applications: _____ |
| <input type="checkbox"/> Excel | <input type="checkbox"/> Internet | <input type="checkbox"/> Email | <input type="checkbox"/> Dental Terminology | Programming Languages: _____ |
| <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Eaglesoft | <input type="checkbox"/> Data Entry | <input type="checkbox"/> ADA Coding | Operating Systems: _____ |
| <input type="checkbox"/> Typing _____ wpm | <input type="checkbox"/> Scanning | <input type="checkbox"/> Ten Key | | Other: _____ |

LANGUAGE PROFICIENCY

	SPEAK			READ			WRITE		
LANGUAGE	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR
<input type="checkbox"/> English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tagalog/Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT EMPLOYMENT

Provide accurate and complete information about all of your current employment, paid and unpaid, full-time, part-time or temporary.

May we contact YOU at work? Yes No

May we contact your current employer? Yes No

Current Salary: _____

Name of current employer _____ Address _____

Phone number _____ Average number of hours worked per week _____

Starting date of employment _____ Current compensation _____

Position(s) held _____ Name of supervisor(s) _____

Reason for searching for another position _____ how much notice will you need to give? _____

Description of responsibilities (estimate number of hours per week spent at each task)

PAST EMPLOYMENT HISTORY (List all employment for the past ten years)

Provide accurate and complete information about all of your past employment, paid and unpaid, full-time, part-time or temporary. List all names used.

Name of employer _____ Address _____

Phone number _____ Average number of hours worked per week _____

Position held _____ **Salary at the end of contract \$** _____

Employment dates (from & to) _____ Reason for leaving _____

Position(s) held _____ Name of supervisor(s) _____

Description of responsibilities (estimate number of hours per week spent at each task):

Name of employer	Address
Phone number	Average number of hours worked per week
Position held	Salary at the end of contract \$ _____
Employment dates (from & to)	Reason for leaving
Position(s) held	Name of supervisor(s)
Description of responsibilities (estimate number of hours per week spent at each task):	

Name of employer	Address
Phone number	Average number of hours worked per week
Position held	Salary at the end of contract \$ _____
Employment dates (from & to)	Reason for leaving
Position(s) held	Name of supervisor(s)
Description of responsibilities (estimate number of hours per week spent at each task):	

EMPLOYMENT REFERENCES

List your three most recent employment references. All references must be from supervisors or managers familiar with your work. None may be from relatives.

1)	_____	_____	_____ to _____	\$ _____	() _____
	Company Name	Supervisor	Dates of Employment	Salary	Phone
2)	_____	_____	_____ to _____	\$ _____	() _____
	Company Name	Supervisor	Dates of Employment	Salary	Phone
3)	_____	_____	_____ to _____	\$ _____	() _____
	Company Name	Supervisor	Dates of Employment	Salary	Phone

ABOUT YOURSELF

What interests you most about the position we have available?

What interests you the Least?

REQUEST, AUTHORIZATION, CONSENT AND RELEASE OF INFORMATION

ACCURACY OF APPLICATION: I certify that the information contained in the application form is true, correct and without omission. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment.

AUTHORIZATION TO INVESTIGATE INFORMATION: I authorize Pinnacle Peak Dental Centers to investigate any information in this application and/or my past record at any time. I agree that PPDC, my previous employers, schools, and other entities contacted to verify such information shall not be held liable in any respect if any employment offer is not tendered or is withdrawn, or if my employment is terminated due to falsity or omission of information on this application form.

I understand that if I so request, below, PPDC will refrain from verifying my current employment until a job offer has been made.

PPDC may contact my current employer at this time.

I request that PPDC not contact my current employer at this time. I understand that a job offer, if extended, is contingent upon verification of the information provided in this application and may be rescinded if I have misrepresented, falsified, or materially omitted any information. If a job offer from PPDC is extended, I authorize PPDC to verify the information provided in this application with my current employer upon my conditional acceptance of that offer.

AUTHORIZATION TO CHECK REFERENCES: I authorize the references listed on this application to provide PPDC with all information concerning my current or previous employment and other pertinent information that they may have about my qualifications for this position. I agree to hold harmless and to waive any claims I may have against PPDC and any and all of the references named above for any loss or injury I may sustain as a result of any disclosure made in accordance with this release.

BACKGROUND CHECK: I understand that as a condition of employment with PPDC an outside agency may be retained to research and verify the information I have provided on my application for employment including a criminal record check and other checks as we deem necessary.

REQUIREMENT FOR DRUG TESTING: PPDC is committed to maintaining a drug and alcohol free work environment and I confirm that I will remain drug and alcohol free during working hours. I understand that I may be required to take and pass a drug test in or order to be eligible for employment or to continue employment with PPDC. The test may be administered after a job offer has been made and any offer of employment may be contingent on successful passing this test.

CONDITIONS PLACED ON ALL OFFERS OF EMPLOYMENT: I understand that all offers of employment are contingent on PPDC's receipt of satisfactory responses to references, background checks, pre-employment health screen, drug screen, and the provision of satisfactory proof of my identity and legal authority to work in the United States.

AGREEMENT TO COMPLY WITH RULES AND STANDARDS: I agree to conform to the rules and standards of the company, as amended from time to time at PPDC's sole discretion.

CONFIDENTIALITY: I agree to maintain strict confidentiality about PPDC's trade secrets and other proprietary information.

SECURITY: I understand that PPDC maintains the right for managerial or security personnel to search any and all storage devices on PPDC's premises and/or controlled by PPDC including desks, lockers, portable drives and hard disks, tape drivers, e-mail and voice-mail boxes.

I UNDERSTAND THAT EMPLOYMENT AT PPDC IS NOT FOR A SPECIFIED PERIOD OF TIME AND IS AT THE MUTUAL CONSENT OF THE EMPLOYEE AND PPDC. EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT WILL, AT ANY TIME. I UNDERSTAND THAT NO EMPLOYEE OR REPRESENTATIVE OF THE COMPANY OTHER THAN AN EXECUTIVE OFFICE, IN WRITING, HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant's Signature

Date