

Employment Application for  
**The Waukesha County Community Dental Clinic**  
 (Doing Business As) **Community Smiles Dental**

Community Smiles Dental is an inclusive organization and equal opportunity employer who values the diversity different individuals bring to our organization. We welcome applicants from a wide range of backgrounds, skills and interests.

*Please complete the entire application and sign where indicated. If assistance or accommodations are needed to aid in completing the application, please reach out to [njohnson@communitysmiles.org](mailto:njohnson@communitysmiles.org) or 262-522-2826.*

Date: \_\_\_\_\_

Name (first, middle, last)			
Address (street, city, state, zip code)		Mobile Telephone ( ) -	
Email Address:		Home Telephone ( ) -	
Are there other names under which you have worked or attended school? Please circle: Yes No If yes, please list name(s) for reference checking purposes.			
Are you legally authorized to work in the U.S.? Please circle: Yes No (If hired, you will be required to provide proof of work authorization.)			
Are you at least 18 years old? Please circle: Yes No If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.			
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? Please circle: Yes No If Yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar to employment.)			
Do you have any pending criminal charges against you? Please circle: Yes No If Yes, describe the 1) nature of the charges, 2) date issued, and 3) county and state where issued.			
Have you ever applied at this company before? Yes No If yes, when:		Have you ever worked at this company before? Yes No If yes, when:	
Position Applying For:	Part-Time or Full-Time Desired	Salary Preference	Shift Preference

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Please indicate your availability below:

Monday: From \_\_\_\_\_ to \_\_\_\_\_ or Not Available  
 Tuesday: From \_\_\_\_\_ to \_\_\_\_\_ or Not Available  
 Wednesday: From \_\_\_\_\_ to \_\_\_\_\_ or Not Available  
 Thursday: From \_\_\_\_\_ to \_\_\_\_\_ or Not Available  
 Friday: From \_\_\_\_\_ to \_\_\_\_\_ or Not Available

Anticipated start date/date available?

How were you referred to the company? Agency Website Friend/Relative  
 Social Media School Other: \_\_\_\_\_

1. Please describe computer proficiency, software knowledge, and office equipment experience.

**Education**

<u>Name of School</u>	Name & Location (city, state)	Number of Years Attended	Major subjects	Diploma or Degree Received
High				Yes No
College				Yes No Type: _____
Graduate				Yes No Type: _____
Other (specify)				Yes No Type: _____

**Employment History (start with most recent; use separate sheet if necessary)**

You will be notified before any current/previous employers are contacted.

Name of Employer:	Telephone ( ) -
Address:	
Job Title:	Employment Dates (month and year)

Name of Immediate Supervisor:	From:	To:
Description of Duties:		
Salary (start):	Salary (end):	Reason for Leaving:
If currently employed, may we contact as a reference?    Yes    No		
Name of Employer:	Telephone ( ) -	
Address:		
Job Title:	Employment Dates (month and year)	
	From:	To:
Name of Immediate Supervisor:		
Description of Duties:		
Salary (start):	Salary (end):	Reason for Leaving:
Name of Employer:	Telephone ( ) -	
Address:		
Job Title:	Employment Dates (month and year)	
	From:	To:
Name of Immediate Supervisor:		
Description of Duties:		
Salary (start):	Salary (end):	Reason for Leaving:
Name of Employer:	Telephone ( ) -	

Address:			
Job Title:		Employment Dates (month and year)	
		From:	To:
Name of Immediate Supervisor:			
Description of Duties:			
Salary (start):		Salary (end):	Reason for Leaving:
<b>Professional References:</b> 1) Please supply BOTH a phone number AND email address for both professional references provided below. 2) At least ONE professional reference MUST BE a previous supervisor.			
Name:	Professional Relationship:	Phone Number:	Email Address:

**Please Read Carefully Before Signing This Form**

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.

2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)

4. Regardless of whether or not I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your interest in Community Smiles Dental.**  
**Please return completed employment application and resume with to:**  
**Nicole Johnson, Human Resource Generalist. [njohnson@communitysmiles.org](mailto:njohnson@communitysmiles.org)**  
**Office phone: 262-336-9855**