



Nevada Dental Staffing Application

Date _____

An Equal Opportunity Employer

It is the policy of Nevada Dental Staffing to consider all applicants without regard to race, religion, color, sex, age, marital status, national origin, disability, veteran status or any other basis prohibited by applicable federal, state, or local anti-discrimination laws. Applicants with disabilities needing assistance completing any forms or to otherwise participate process may call: 702-589-1590.

Applicant Information: (Please Print)

Full Name: _____
Last First Middle Initial

Address: _____
Street Address Apartment Unit #

_____ City State Zip Code

Phone: _____ Email: _____

Mobile: _____

(Circle Primary Number)

Employment Position:

Position Applying for: _____

Nevada State License or Registration Number: _____

Permanent Work Only: Yes No

Temporary Work Only: Yes No

Temporary and/or Permanent Placement: Yes No

What days are you available for permanent work?

Mon ____ Tue ____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun ____

In what locations are you seeking permanent work?

