

NDS EMPLOYMENT WORK HISTORY FORM

Previous Employment Please list for last seven (7) years – if necessary list on a separate page.	
Company:	Position:
Address:	Supervisor:
City/State:	Supervisor Phone:
Company Phone:	Salary:
Dates Employed:	Reason for leaving:
Company:	Position:
Address:	Supervisor:
City/State:	Supervisor Phone:
Company Phone:	Salary:
Dates Employed:	Reason for leaving:
Company:	Position:
Address:	Supervisor:
City/State:	Supervisor Phone:
Company Phone:	Salary:
Dates Employed:	Reason for leaving:

Education	School	Location	Graduated	Major or Field of Study
High School			Graduated Y N	
Vocational			(Date Graduated)	
(Location)				
College:			(Date Graduated)	
(Location)				

Professional References: Please list three (3) professional references

Full Name	Full Name:	Full Name:
Position:	Position:	Position:
Phone:	Phone:	Phone:
Company:	Company:	Company:

APPLICANT ACKNOWLEDGE AND AUTHORIZATION – PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents is correct, accurate and complete to the best of my knowledge. I understand that the fabrication, misrepresentation or omission of any facts in said documents will be cause for denial of employment of immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee or representation. I further understand that, should an offer of employment or representation be extended by Nevada Dental Staffing that such employment or representation with Nevada Dental Staffing is at will, for no specified duration and may be terminated by either Nevada Dental Staffing or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Nevada Dental Staffing are consideration for employment or representation with Nevada Dental Staffing, if employed, I agree to conform to the rules, regulations, policies and procedures of Nevada Dental Staffing at all times and understand that such obedience is a condition of employment of representation.

I understand that if offered a position with Nevada Dental Staffing, I will be required to submit to a pre-employment background check as a condition of employment and the results of this check may be provided to any clients to whom I am assigned. (Initial _____)

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Nevada Dental Staffing and/or any of its prospective employers and I release all parties included from any and all liability for any and all damage that may result from providing such information. (initial _____)

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

SIGNATURE: _____ **DATE:** ____ / ____ / ____