



742 St. Andrews Blvd.  
Charleston, SC 29407  
Phone: (843) 225-9002  
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Website: www.drkotz.com

### Application for Employment

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work/Message phone: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Are you a United States citizen? Yes / No

If "No," are you legally permitted to work in the US? Yes / No

Has your driver's license ever been suspended or revoked? Yes / No

Have you ever been convicted of a crime? Yes / No

If hired, your duties may include the handling of money. Will you give permission for a background and/or credit check? Yes / No

Are you certified by the State of South Carolina to take dental radiographs? Yes / No

Are you CPR certified? Yes / No

Have you been vaccinated for Hepatitis B? Yes / No

Work Availability: Mon / Tues / Wed / Thurs / Fri

If offered a position, when can you begin? \_\_\_\_\_

## Employment History

Are you currently employed? Yes / No

May we contact your current employer? Yes / No

### Please begin with your most recent employer.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Starting Hourly Pay: \$ \_\_\_\_\_ Ending Hourly Pay: \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Starting Hourly Pay: \$ \_\_\_\_\_ Ending Hourly Pay: \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Starting Hourly Pay: \$ \_\_\_\_\_ Ending Hourly Pay: \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

## Education

Are you a high school graduate? Yes / No

Equivalency or G.E.D.? Yes / No

Name and address of educational facility	Number of years attended	Course of study	Degree or Certificate

If you are currently taking any courses, please list them: \_\_\_\_\_

## References

Please list three persons that have knowledge of your work experience.

Name	Phone Number	Relationship to applicant

*Kotz Endodontics is an equal opportunity employer and will not discriminate against any person based on race, religion, national origin, or sex in violation of Title VII. Kotz Endodontics prohibits discrimination against employees and applicants for employment based on age, color, disability, marital status, national origin, race, religion, sex, sexual orientation, or veteran's status.*

*Kotz Endodontics does not offer guaranteed employment. Either Kotz Endodontics or the employee can terminate the employment relationship at any time—with or without cause or notice.*

**I hereby certify that the answers given by me to the foregoing questions are full and true to the best of my knowledge and belief. I understand that any fraudulent information provided can lead to disciplinary action, up to and including termination of employment.**

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_