

O M N I D E N T A L G R O U P

EMPLOYMENT APPLICATION

Omni Dental Group considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, Omni Dental Group complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities.

Omni Dental Group also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

NAME			DATE		
ADDRESS (Street/City/State/Zip)					
Home Phone			Best time to reach		
Work Phone			May we contact you discreetly at work?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cell Phone			Best time to reach		
Other Phone			Identify "Other"		
POSITION APPLIED FOR			DATE AVAILABLE		
	Full-time		Part-time	Days/Hours Available Part-Time:	
Are you willing to work overtime:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Expected Salary:			<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual		
Are you over the age of 18?			<input type="checkbox"/> Yes		
<input type="checkbox"/> NO			If NO, please state your current age in the box provided.		Current Age:
<p><i>Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, Omni Dental Group will verify the status of every individual offered employment with the company. All offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.</i></p>					
Do you have the legal right both to remain and to work in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
SOCIAL SECURITY NUMBER OR RESIDENT ALIEN REGISTRATION NUMBER					
Is there anything that would prevent you from performing the associated duties of the position for which you have applied in a reasonable and safe manner? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain below.					

Have you ever been convicted of a felony? . No Yes If yes, state nature of offense, when, where, and disposition:.

** A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.*

Were you referred to Omni Dental Group? If yes, please note name and relationship below.

Have you ever been employed by Omni Dental? . No Yes If yes, please note dates and location below.

Do you have any relatives working at Omni Dental? . No Yes If yes, please list name and location below.

EDUCATION

Name and Address of School

Major	Yrs. Completed	Did you graduate?	Diploma or Degree Received

Name and Address of School

Major	Yrs. Completed	Did you graduate?	Diploma or Degree Received

Name and Address of School

Major	Yrs. Completed	Did you graduate?	Diploma or Degree Received

Name and Address of School

Major	Yrs. Completed	Did you graduate?	Diploma or Degree Received

WORK HISTORY**“RESUME ATTACHED” IS NOT SUFFICIENT.****Please provide at least five years history, current or last work first, and account for any gaps in your history.**

Start Date (Month, Year)	End Date (Month, Year)
Name and Address of Employer	
Supervisor's Name	Supervisor's phone number
Starting Salary (hour/week/month or year)	Last Salary (hour/week/month or year)
Describe in detail the work you performed.	
Start Date (Month, Year)	End Date (Month, Year)
Name and Address of Employer	
Supervisor's Name	Supervisor's phone number
Starting Salary (hour/week/month or year)	Last Salary (hour/week/month or year)
Describe in detail the work you performed.	
Start Date (Month, Year)	End Date (Month, Year)
Name and Address of Employer	
Supervisor's Name	Supervisor's phone number
Starting Salary (hour/week/month or year)	Last Salary (hour/week/month or year)
Describe in detail the work you performed.	

MILITARY SERVICE

Have you ever served in the U.S. Armed Forces? . No Yes

If yes, please describe any training that is relevant to the position for which you've applied:

SKILLS (skills that you believe are related to the job for which you are applying)

EQUIPMENT OPERATIONS SKILLS

Are there any other experiences, skills, or abilities that you feel especially qualify you for work with our company?

REFERENCES

Please provide at least three (3) business references (i.e. supervisor, peer, co-worker...) excluding relatives.

Name	Phone number
Relationship	How long have you known this person?
Name	Phone number
Relationship	How long have you known this person?
Name	Phone number
Relationship	How long have you known this person?
Name	Phone number
Relationship	How long have you known this person?

PRE-EMPLOYMENT & CERTIFICATION STATEMENT

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or, if employed, termination from Omni Dental Group's employ.

2. Any offer of employment I may receive from Omni Dental Group is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any post offer pre-employment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the company's request. I hereby consent to having the results of any post offer pre-employment or post employment medical exams I may be required to take disclosed to Omni Dental Group.

3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of Omni Dental Group. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to Omni Dental Group.

4. In processing my application for employment, the company may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the company, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.

5. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

6. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than the President, General Counsel, or Vice President, Human Resources, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

ARBITRATION AGREEMENT

If employed, I agree that all claims relating to my employment with Omni Dental Group, except worker's compensation claims and claims involving less than two thousand dollars (\$2,000.00) shall be resolved exclusively by arbitration without discovery. There shall be one arbitrator chosen by the American Arbitration Association. The cost of arbitration shall be shared equally between me and Omni Dental Group.

Signature below constitutes acceptance and agreement to the Pre-Employment Certification and to the Arbitration Agreements.

Signature	Date