

2614 North Sugar Bush Road
P.O. Box 176
New Franken, WI 54229-0176

DENTAL HEALTH PRODUCTS, INC.
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

920-866-9001
800-626-2163
920-866-2285

Position Applying for: _____ Date of Application: _____
(PLEASE PRINT)

FULL NAME (Please list all names used)		
ADDRESS		
CITY, STATE, ZIP		
TELEPHONE NUMBERS		SOCIAL SECURITY NO.

Are you legally eligible for employment in the United States? Yes No
Are you at least 18 years of age? Yes No
Have you ever been employed with us before? Yes No
Are you available to work? Full-time Part-time
When will you be available for employment? _____

EDUCATION

	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	GRADUATED
HIGH SCHOOL				YES NO ENROLLED
UNDERGRADUATE COLLEGE				YES NO ENROLLED
GRADUATE PROFESSIONAL				YES NO ENROLLED
OTHER (SPECIFY)				YES NO ENROLLED

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE	HOURLY RATE/SALARY		
JOB TITLE/SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE	HOURLY RATE/SALARY		
JOB TITLE/SUPERVISOR	STARTING	FINAL	
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EMPLOYER	DATES EMPLOYED		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE	HOURLY RATE/SALARY		
JOB TITLE/SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			

May we contact all employers listed? Yes No

If no, please explain: _____

SKILLS & QUALIFICATIONS

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND EXTRA-CURRICULAR ACTIVITIES THAT WOULD BENEFIT YOUR EMPLOYMENT OPPORTUNITY WITH DENTAL HEALTH PRODUCTS, INC.

DESCRIBE ANY JOB-RELATED TRAINING OR SPECIALIZED SKILLS, COMPUTER SKILLS, SOFTWARE EXPERIENCE, FORKLIFT OR EQUIPMENT OPERATION, THAT WOULD BENEFIT YOUR EMPLOYMENT OPPORTUNITY WITH DENTAL HEALTH PRODUCTS, INC.

ADDITIONAL INFORMATION

Have you ever been convicted of a felony, misdemeanor or other offense, including municipal ordinance violations? Yes No

If yes, explain and list each conviction(s), nature of offense(s) leading to conviction(s), date(s) of occurrence and sentence(s) imposed. (Such information will not be considered n hiring decisions unless it substantially relates to the circumstances of the position.)

Are you currently subject to any pending charges for any felony, misdemeanor, or other offense, including municipal ordinance violations? Yes No

If yes, explain and list each conviction(s), nature of offense(s) leading to conviction(s), date(s) of occurrence and sentence(s) imposed. (Such information will not be considered n hiring decisions unless it substantially relates to the circumstances of the position.)

Do you have a Driver's License? Yes No (Mandatory only if position requires driving)

Drivers license number _____ State of Issue _____ Expiration Date _____

Circle One: Operator Commercial (CDL) Occupational

Have you had any accidents during the past three years? Yes No If yes, how many? _____

Have you had any moving violations during the past three years? Yes No If yes, how many? _____

REFERENCES

NAME	TELEPHONE
ADDRESS	TYPE OF REFERENCE

NAME	TELEPHONE
ADDRESS	TYPE OF REFERENCE

NAME	TELEPHONE
ADDRESS	TYPE OF REFERENCE

PLEASE READ THIS STATEMENT CAREFULLY

I hereby affirm that the information given by me on this application for employment is complete and accurate. I understand that any falsification or omission will be immediate grounds for denial of employment or dismissal. I authorize a thorough investigation to be made in connection with this application concerning my employment background, performance, reputation, and characteristics, my education background, and any criminal record, whichever may be applicable. I hereby authorize the release of documents and personal interviews with third parties, such as prior employers, family members, business associates, financial sources, friends, neighbors, or other individuals that I have identified on the employment application. I further understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of this investigation.

It is understood that my potential employment may be conditioned upon successful completion of a pre-employment drug and alcohol test, as a condition of initial or continued employment, I agree to submit to such lawful examinations, medical, substance abuse, or other, as may be required by the company. The company will pay the reasonable cost of any such examination that may be required.

If I am hired, I agree that my employment and compensation can be terminated with or without cause and without notice, at any time, at the option of this company or myself. I understand that no manager or other representative other than a vice-president has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and that any such agreement must be in writing.

I have read and affirm as my own the above statements.

Signature

Date

AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY DATA

The following information will be used only for affirmative action research and reporting purposes for Dental Health Products, Inc. in accordance with applicable laws and regulations. This information is voluntary and there will be no adverse consequences for not responding. This information is confidential and is kept separate from this application. It will not be a consideration for employment.

Gender: Male Female

Age: Under 40 40 or Over

Ethnic Origin:

- American Indian/Alaskan Native
- Black/African American
- White/Caucasian/European/North African/Middle eastern or Indian Subcontinent
- Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
- Asian American/Pacific Islander/Far eastern or Southeastern Asian

Veteran Status:

- Non Veteran
- Veteran
 - Newly Separated Veteran
 - Special Disabled Veteran (Disability 30% or greater)
 - Vietnam Era Veteran
 - Other Protected Veteran

If yes, what Branch? _____

Specialty _____ Date Entered _____

Discharge Date _____ Discharge type _____

Disability:

The Americans with Disabilities Act (ADA) defines an individual with a disability as “one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or who is regarded as having such an impairment.”

Based on this definition, are you an individual with a disability? Yes No