



**Dental Health Products, Inc.**

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# Application for Employment

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# Dental Health Products, Inc.

*SUPPLIES. EQUIPMENT. SOLUTIONS.*

Dental Health Products, Inc. (DHPI) has been supporting the healthcare industry for nearly 30 years. Founded in 1991 by Dale Roberts, DHPI has grown from a home-based business to a nationally ranked dental supply distributor offering over 50,000 products represented by more than 400 manufacturers.

Despite the company's growth, DHPI's mission statement has been unwavering, "To provide personalized and timely solutions for our healthcare partners so they will continue to exceed their goals and their patients' expectations." To achieve these standards, DHPI invests in employees that are committed to facilitating their customer centric mission. Contacting an experienced Account Manager or Sales Support Specialist is as easy as dialing the toll-free number, 800-626-2163. No automated reception, no dial sequence to reach a voicemail- REAL PEOPLE WITH REAL VOICES ready to assist!

Dental Health Products, Inc is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, protected veteran status or any other characteristic protected by law.



**Dale Roberts**  
President



**Nick Roberts**  
Vice President



# Dental Health Products, Inc.

2614 North Sugar Bush Road | P.O. Box 176 | New Franken, WI 54229-0176  
**resumes@dhipi.net** | 800-626-2163 | Fax 920-866-2285

## Application for Employment

*An Equal Opportunity Employer*

Position Applying for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

<b>Full Name</b> First, Last, Middle			
<b>Address</b>			
<b>City, State, Zip</b>			
<b>Home Phone Number</b>		<b>Email Address</b>	
<b>Cell Phone Number</b>			

Are you legally eligible for employment in the United States? Yes  No   
 Are you at least 18 years of age? Yes  No   
 Have you worked for this company before? Yes  No   
 Availability Full-time  Part-time  Seasonal   
 When will you be available for employment? \_\_\_\_\_

Education				
	Name & Address Of School	Course of Study	Years Completed	Graduated?
High School				
Undergraduate College				
Graduate Professional				
Other Specify				



## 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 in hiring decisions unless it substantially relates to the circumstances of the position, and you will be given the opportunity to explain the circumstances of the conviction if that conviction is considered in the hiring decision.)

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**This section must be completed only if the position you are applying for requires driving.**

Do you have a driver's license? Yes  No

Drivers license number \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Operator  Commercial (CDL)  Occupational

Have you had any accidents within the past three years? Yes  No  If yes, how many? \_\_\_\_\_

Have you had any moving violations within the past three years? Yes  No  If yes, how many? \_\_\_\_\_

Professional 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 omissions 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, friends, neighbors, or other individuals that I have identified as a reference 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. I further understand that an investigation of my financial background may be conducted in conformity with the Fair Credit Reporting Act, (FCRA) and that if such an investigation is conducted, I am entitled to a copy of the investigation results.

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 president or 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.

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Applicant's Signature

Date

Dental Health Products, Inc. is an equal employment opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, protected veteran status or any other characteristic protected by law.

Voluntary Self-Identification of Disability  
Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

## Application Information

The following information will only be used to process a background criminal check if you are selected as a final candidate for this position. The information is voluntary and there will be no adverse consequences for not responding however, completing this section will expedite this step of the pre-employment process. The information listed below will be maintained confidentially and kept separate from your application. It will not be a consideration for employment.

Position Applied For \_\_\_\_\_

Referral Source:

Advertisement

Friend

Relative

Walk-In

Employment Agency

Other

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

(Last)

(First)

(M.I.)

Any Previous AKA or Alias: \_\_\_\_\_

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

(Street)

(Apt.#)

(City)

(State)

(Zip)

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

(Street)

(Apt.#)

(City)

(State)

(Zip)

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## 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 is kept separate from this application, and will not be a consideration for employment.

Gender:        Male         Female

### 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/Pacifica Islander/Far eastern or Southeastern Asian

### Veteran Status:

1. This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or

a person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I identify as one or more of the classifications of protected veteran listed above. Please check all that apply:
- Vietnam Veteran     Active Veteran     Disabled Veteran    Released Date \_\_\_\_\_
- I am not a protected veteran



## **Voluntary Self-Identification of Disability**

### **Why are you being asked to complete this form?**

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### **How do I know if I have a disability?**

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- |           |                    |   |
|-----------|--------------------|---|
| Blindness | Autism             | Bipolar disorder  |
| Deafness  | Cerebral palsy     | Major depression  |
| Cancer    | HIV/AIDS           | Multiple sclerosis (MS) Impairments requiring the use of a wheelchair |
| Diabetes  | Schizophrenia      | Missing limbs or partially missing limbs retardation)                 |
| Epilepsy  | Muscular dystrophy | Intellectual disability (previously called mental                     |
|           |                    | Post-traumatic stress disorder (PTSD)                                 |
|           |                    | Obsessive compulsive disorder   |

### **Please check one of the boxes below:**

- Yes, I have a disability (or previously had a disability)
- No, I don't have a disability
- I don't wish to answer

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Applicant's Signature

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Date

## Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as Aurico, ("Aurico"), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from Aurico and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment, education, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant's Name First \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_

Applicant 's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Aurico

Aurico will be verifying the information you provided to Dental Health Products, Inc. during the pre-employment process and researching background information at our request. Our objective is to complete this process quickly. Please make every effort to accurately provide all of the information requested on the application. A Aurico associate may contact you for additional information during the verification process. Please return the associate's call or e-mail promptly to help ensure that your application is processed as quickly as possible.

Thank you,

*The Dental Health Products, Inc. Recruiting Team*

## Consumer Disclosure and Authorization Form

### Disclosure Regarding Background Investigation

Dental Health Products, Inc., (the "Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period, as allowed by law.

Aurico, Inc. ("Aurico"), or another consumer reporting agency, will prepare or assemble the background reports for the Company. Aurico is located and can be contacted by mail at 116 West Eastman Street, Arlington Heights, IL 60004, and Aurico can be contacted by phone at (844) 220-6741. Information about Aurico's privacy practices is available at [www.aurico.com/Privacy-Policy.aspx](http://www.aurico.com/Privacy-Policy.aspx).

The background report may contain information concerning your character, general reputation, personal characteristics and mode of living. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, and mode of living.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; and, for investigative consumer reports, personal interviews with sources such as neighbors, friends, former employers and associates; and other information sources. If the Company should obtain information bearing capacity for reasons other than as required by law, then the Company will evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

A summary of your rights under the Fair Credit Reporting Act, as well as certain state-specific notices, are also being provided to you.

## Additional State Law Notices

If you are an applicant, employee or contractor in any of the states listed below, please also note the following:

**CALIFORNIA:** Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency (Aurico) during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity. Additional California-specific information is set out below.

**MAINE:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency (Aurico) furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest office designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such reports.

**MASSACHUSETTS:** You have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, to receive a copy of any such report. You also have the right to ask the consumer reporting agency (Aurico) for a copy of any such report.

**MINNESOTA:** You have the right in most circumstances to submit a written request to the consumer reporting agency (Aurico) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after its receipt of your request or the report was requested by the Company, whichever date is later.

**NEW JERSEY:** You have the right to submit a request to the consumer reporting agency (Aurico) for a copy of any investigative consumer report the Company requested about you. A summary of your rights under the New Jersey Fair Credit Reporting Act is set out below.

**NEW YORK:** You have the right, upon written request, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for Aurico, the consumer reporting agency used by the Company. You may inspect and receive a copy of any such report by contacting that consumer reporting agency (Aurico). A copy of Article 23-A of the New York Correction Law is provided below.

**WASHINGTON STATE:** If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. You also have the right to request from the consumer reporting agency (Aurico) a written summary of your rights and remedies under the Washington Fair Credit Reporting Act, which is also set out below.