



If you are viewing this from the website

1. Download to your computer by selecting the download button (upper right hand corner of the screen) or right-click your mouse and "Save as" to your desktop.
2. Complete the Application
3. Save your changes on your desktop
4. Open your email account and attach the Application and your resume
5. Send to careers@edplabs.com
6. **Thank you for your interest in working at Edmonds Dental Prosthetics**

Employment Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

 City State ZIP Code

Phone: () Email Address:

Date Available: Desired Salary: \$

Position Applied for:

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? If so, when?

Have you ever been convicted of a felony?

If yes, explain:

Has a current employee referred you? Yes No If so, who?

Will you work overtime if asked? Yes No

Education

High School: Address:

From: To: Did you graduate? Yes No Degree:

College: Address:

From: To: Did you graduate? Yes No Degree:

Other: Address:

From: To: Did you graduate? Yes No Degree:

References

Please list three professional references.

Full Name: Relationship:

Company: Phone: ()

Address:

Full Name: Relationship:

Company: Phone: ()

Address:

Full Name: Relationship:

Company: Phone: ()

Address:

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes No

Other special training or skills: _____

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

How Did You Hear About Us?

- Facebook Missouri Jobs
 Linked In Print Ad
 Zip Recruiter Recommendation/Word of Mouth Other: _____

Disclaimer and Signature

Edmonds Dental Prosthetics, Inc is an equal opportunity employer. Edmonds Dental Prosthetics, Inc. does not discriminate in employment on account of race, color, religion, national origin, ancestry, age, or gender.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of Edmonds Dental Prosthetics, Inc. I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Edmonds Dental Prosthetics, Inc. may terminate my employment at any time with or without notice or cause.

I attest with my signature below that I have given true and complete information on this application. No information has been concealed. I authorize Edmonds Dental Prosthetics, Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: _____ Date: _____