



# Nevada State Board of Dental Examiners

## Employment Application

### Investigator Position – Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: (     )     E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: **Part-time Investigator (18-20 hours per week)**

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? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

### Education

Undergraduate  
College/University:

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Dental  
School/College:

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

### Dental License

*Please list all states where you have been issued a dental license and license information:*

State: \_\_\_\_\_ License  
Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_ License Status (Active, Inactive, etc.): \_\_\_\_\_ Is the license in good standing: Yes or No

State: \_\_\_\_\_ License  
Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_ License Status (Active, Inactive, etc.): \_\_\_\_\_ Is the license in good standing: Yes or No

State: \_\_\_\_\_ License  
Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_ License Status (Active, Inactive, etc.): \_\_\_\_\_ Is the license in good standing: Yes or No

### Employment History

Company: Phone: (     )

Address: Supervisor:

Job Title:

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  
☐ ☐

---

### Military Service

Branch: From: To:

Rank at Discharge: Type of Discharge:

If other than honorable, explain:

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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