Nevada State Board of Dental Examiners

Employment Application

Preliminary Screening Consultant 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.:

Position Applied for: **Part-time Preliminary Screening Consultant Position**

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 or Hygiene License

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

State: License Number:

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

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State: License Number:

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

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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: _____