



# Nevada State Board of Dental Examiners

## Employment Application

### Preliminary Screening Expert 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 Expert 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: YES NO Degree:  
From: To: Did you graduate?   Degree:  
Dental School/College: Address: YES NO Degree:  
From: To: Did you graduate?   Degree:  
Other: Address: YES NO Degree:  
From: To: Did you graduate?   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

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

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Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

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Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

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## 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: \_\_\_\_\_