



AN EQUAL OPPORTUNITY EMPLOYER

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Office Manager of Toledo Periodontics, Inc.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Home Ph: (\_\_\_\_) \_\_\_\_\_ Cell Ph: (\_\_\_\_) \_\_\_\_\_ Other Ph: (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Referral Source:  Blade  Staff  Walk-in  Agency  School  Website  Other: \_\_\_\_\_

What is the best time to call you at home? \_\_\_\_\_ AM PM

May we contact you at work?  YES  NO  
 If YES, work number and best time to call:  
 (\_\_\_\_) \_\_\_\_\_ AM PM

If you are under 18, and it is required,  
 can you furnish a work permit?  YES  NO  
 if NO, explain \_\_\_\_\_

Have you submitted an application here before?  YES  NO  
 If YES, give date(s) and position(s) \_\_\_\_\_

Have you been employed here before?  YES  NO  
 If YES, give dates From \_\_\_\_\_ To \_\_\_\_\_

Are you legally eligible for employment  
 in this country?  YES  NO

Date you are available for work \_\_\_\_\_

What is your desired salary range or hourly rate of pay?  
 \$ \_\_\_\_\_ Per \_\_\_\_\_

How many hours each week do you prefer to work? \_\_\_\_\_

Check the days of the week you are interested in working:  
 Mon.  Tue.  Wed.  Thr.  Fri.

Will you travel locally if job requires it?  YES  NO

If they have been explained to you, are you  
 able to meet the attendance  
 requirements of the position?  YES  NO  NA

Will you work overtime if required?  YES  NO  
 If NO, explain: \_\_\_\_\_

Driver's License number required if driving may be required in  
 the position for which you are applying:  
 \_\_\_\_\_ State \_\_\_\_\_

Toledo Periodontics, Inc. offers to compensate for half of the  
 annual premium costs for employee's individual medical  
 benefits if elected through our provider.  
 Is this acceptable to you?  YES  NO

*Answering "yes" to the following question does not constitute an automatic bar to  
 employment. Factors such as date of the offense, seriousness and nature of the  
 violation, rehabilitation and position applied for will be taken into account.*

Have you ever pled "guilty" or "no contest"  
 to, or been convicted of a crime?  YES  NO  
 If YES, provide date(s) and details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ZIAD TOHME, D.M.D., D.Sc.

# ...Employment History

Starting with your "most recent" employer, provide the following information

employer	telephone ( )	dates employed: month year to month year
street address	city/state/zip	<b>compensation (starting)</b> <input type="checkbox"/> hourly <input type="checkbox"/> salary \$ per
starting job title/final job title		<b>compensation (final)</b> <input type="checkbox"/> hourly <input type="checkbox"/> salary \$ per
Why did you leave?	immediate supervisor and title (for most recent position held)	may we contact for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

employer	telephone ( )	dates employed: month year to month year
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What did you like most about your position?

What were the things you liked least about the position?

Explain any gaps in your employment, other than those due to personal illness, injury or disability

Have you ever been fired or asked to resign from a job?  YES  NO If YES, please explain if not addressed above

### ...Skills and Qualifications

Please use the space below for any additional information necessary to describe your full qualifications (i.e. specialty areas such as surgical assisting, Periodontics, dental or medical office experience, special equipment, transcription, typing speed, computer software programs).

Do you speak, read or write in any language other than English?     YES                       NO

If YES, describe: \_\_\_\_\_

Do you have any experience managing people and resolving personality conflicts among employees as well as solving patient problems?

YES     NO            If YES, describe and rate your capabilities: \_\_\_\_\_

### ...Education and Training

Name of School and Address	No. of Years	Course/Major	Diploma/Degree

#### Professionals and Technical Applicants Only

Professional License No.	Type of License	Place of Issue	Expiration Date

**Membership in professional organizations:** If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification?     YES     NO

If YES, please give date, location and disposition of your case \_\_\_\_\_

### ...References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Phone	Cell Phone	Number of Years Known

*... Related Information*

To what job-related organizations (professional, trade, etc.) do you belong?

*Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.*

Organization	Offices Held

List any special accomplishments, publications, awards, etc.

*Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.*

In your current, or a prior job, have you ever written instructions or directions to be followed by employees, patients or others?

YES     NO     NA    If YES, Please explain: \_\_\_\_\_

List any personal characteristics you possess which you believe would benefit our office.

*Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.*

Please indicate if you have previously worked in a small office setting and your opinion of how it compares to working in a large office setting or corporation.

What recommendations would you present for promotion of dentistry, specifically for Periodontics and/or our dental office?

*... Applicant Statement*

I certify that all information I have provided in order to apply for an secure work with this employer is true, complete and correct. I understand that any offer of employment I receive may be contingent on passing a job-related physical examination, and/or satisfactory completion of a background examination.

I expressly authorize, without reservation, Toledo Periodontics, Inc., its representatives, employees or agents to contact and obtain information from all references (personal and professional), employees, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Toledo Periodontics, Inc., its representatives, employees or agents, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Toledo Periodontics, Inc. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Toledo Periodontics, Inc. is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Toledo Periodontics, Inc.'s Owner.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from Toledo Periodontics, Inc.'s service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_