

**EMPLOYMENT HISTORY:**

Starting with the most recent, list your prior employers or work experience for the past 10 years. You may include military service and volunteer activities that are related to job experience.

From \_\_\_\_\_ To \_\_\_\_\_ Hourly rate / salary \_\_\_\_\_

Employer / Address / Phone \_\_\_\_\_

Job title and duties \_\_\_\_\_

Last immediate supervisor and title \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Hourly rate / salary \_\_\_\_\_

Employer / Address / Phone \_\_\_\_\_

Job title and duties \_\_\_\_\_

Last immediate supervisor and title \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Hourly rate / salary \_\_\_\_\_

Employer / Address / Phone \_\_\_\_\_

Job title and duties \_\_\_\_\_

Last immediate supervisor and title \_\_\_\_\_

Reason for leaving \_\_\_\_\_

I hereby certify that all of the foregoing information I have supplied in this application is correct and complete. I understand and agree to allow **Bonnie L. Bateman, DDS and Gerald Ganz, DDS, APC, dba, Los Altos Dental** ("the Practice") to verify the information provided. I further understand that any falsification of information will constitute grounds for immediate dismissal upon discovery thereof. I give the Practice permission to contact any or all of my previous employers and references for full information and hereby release the Practice from any and all liability for doing so. I also understand that all offers of employment are conditioned upon the satisfactory completion of reference and/or background checks, and the submission of valid documentation that confirms my identity and authorization to work in the United States.

If employed and in consideration of my employment, I agree to conform to the rules, policies and procedures of the Practice. **I understand that, if hired, I will be an at-will employee, which means that I may terminate my employment at any time, that the Practice may transfer, reassign, suspend or demote me at any time, and that my employment may be terminated at any time, with or without notice and with or without cause.** I further understand that no one has any authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the foregoing other than in a writing signed by Dr. Bonnie Bateman.

Signature of Applicant: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_