



4311 SW Research Way,
Corvallis OR 97333
Ph: (541)754-1238 / Fx: (541) 610-1613
personnel@obriendentallab.com

EMPLOYMENT APPLICATION

Position applying for: _____

PERSONAL DATA

Name/First: _____ MI: _____ Last: _____
Street: _____ City: _____
State: _____ Zip: _____ How Long: _____
Phone: _____ Email: _____

WORK HISTORY (Beginning with most recent, provide details on your previous 10 years of employment.)

Company:	_____	Supv:	_____
Address:	_____		
	Street/PO Box	City	
	_____	_____	
	State	Zip	Phone
	_____	_____	_____
Duties:	_____		
Dates (mm/yy):	_____		
	From	To	
	_____	_____	
Reason for leaving:	_____		
If currently employed may we contact your supervisor?	Yes	No	

Company:	_____	Supv:	_____
Address:	_____		
	Street/PO Box	City	
	_____	_____	
	State	Zip	Phone
	_____	_____	_____
Duties:	_____		
Dates (mm/yy):	_____		
	From	To	
	_____	_____	
Reason for leaving:	_____		

Company: _____	Supv: _____		
Address: _____			
Street/PO Box _____	City _____		
State _____	Zip _____	Phone _____	How Long _____
Duties: _____			
Dates (mm/yy): _____			
From _____	To _____		
Reason for leaving: _____			

Have you had any period of time, lasting three or more months, that you were unemployed?

If yes, explain: _____

Skills, Goals and Experience:

List any relevant skills, previous experience, or training that specifically relates to the position applying for:

List your short term and long term personal and employment goals:

Describe your ideal job and ideal employer:

Describe any job related challenges and successes you have experienced:

SCHOOL: Are you currently attending or plan to attend school in the future? Yes No

If yes/Dates: _____

Work References:

Do not use supervisors previously listed in your work history. Do not use friends or relatives that you have not worked with.

Name

Phone

Work Relationship:

ACKNOWLEDGEMENT:

Yes No

I certify that the information provided on this and all supporting documents are true, correct and complete to the best of my knowledge.

I understand that any intentional mis-statement, omission, or falsification of facts presented on this application and any supporting documents, as attached, may result in my dismissal.

I understand that an initial assignment with O'Brien Dental Lab, Inc. will be as an Associate hired through a staffing agency, and that I must complete and pass all hiring requirements of that agency, including a background check and drug screen. O'Brien Dental Lab is a drug free workplace whose policy it is to require a drug test when reasonable grounds exist to believe an on-duty staff member is under the influence of alcohol, drugs, or marijuana.

I understand that O'Brien Dental Lab, Inc. is an **AT WILL** employer and that my acceptance of an offer of assignment as an Associate creates no obligation upon O'Brien Dental Lab, Inc. to offer employment at the end of said assignment. If an offer of employment is made, I understand that any period of employment will remain **AT WILL** throughout my service with O'Brien Dental Lab, Inc.

If my duties include driving a company vehicle, I authorize O'Brien Dental Lab or its agent to secure my DMV record for purpose of determining eligibility for insurance coverage on the company fleet policy.

I hereby authorize O'Brien Dental Lab, or its agent, to contact former employers, supervisors, co-workers and references and will hold those individuals harmless for any information they release.

Date: _____

Signature: _____

To utilize the digital signature, save the document and open in Adobe.
For written signature, print the document and complete by hand.

O'Brien Dental Lab is an equal opportunity employer. All employment decisions for all applicants and employees will be made without regard to race, color, religion, sex, age, national origin, marital status, genetics, veteran status, sexual orientation, disability or any other characteristic protected under law.

Submit completed application to personnel@obriendentalab.com or drop off at 4311 SW Research Way, Corvallis, OR