



Improving the margins of success.®

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EMPLOYMENT APPLICATION

Position Applying For: _____

PERSONAL DATA

First Name:	Middle Initial:	Last Name:		
Street Address/PO Box:	City:	State:	Zip Code:	
How Long:	Phone:	E-mail:		

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

1. Company: _____ Supervisor: _____

Street Address/PO Box:	City:	State:	Zip Code:
How Long:	Phone:		
Duties:			
Dates (mm/yy):		Reason for Leaving:	
From:	To:		
If currently employed may we contact your supervisor?		Yes	No

2. Company: _____ Supervisor: _____

Street Address/PO Box:	City:	State:	Zip Code:
How Long:	Phone:		
Duties:			
Dates (mm/yy):		Reason for Leaving:	
From:	To:		

EMPLOYMENT APPLICATION

WORK HISTORY (Continued)

3. Company:

Supervisor:

Street Address/PO Box:

City:

State:

Zip Code:

How Long:

Phone:

Duties:

Dates (mm/yy):

Reason for Leaving:

From:

To:

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:

EMPLOYMENT APPLICATION

SCHOOL

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

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