

Steven C. Wilburn D.M.D.

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JOB APPLICATION

Date of Application: _____

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: (Home) _____ (Cell) _____

Email Address: _____

Employment Position

Position(s) applying for: Dental Hygienist-32 hours a week 4 days a week

How did you hear about this position ? _____

Education:

High School

Name	Location (City, State)	Year Graduated

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Additional Information:

Issue Date of Dental Hygiene License: _____

Extra Certifications and Training _____ *Date Rec'd* _____

_____ *Date Rec'd* _____

Previous Employment (Most recent first)

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

to

Reason for Leaving:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

to

Reason for Leaving:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

to

Reason for Leaving:

Job Skills/Qualifications

Please list below any additional skills and qualifications you possess that will assist in your position as a hygienist:

Please provide 2 personal and professional reference(s) below:

Reference's Name	Personal/Professional Reference	Contact Phone number	Contact Email Address

AT-WILL EMPLOYMENT

The relationship between you and the is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Dr. Wilburn. No representative has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and Dr. Wilburn.

Applicant Signature: _____

Dated: _____