

**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:*

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**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: \_\_\_\_\_