

**MY ORTHODONTIST, PA**  
**Employment Application**  
 YOU MAY ALSO ATTACH A RESUME

**GENERAL INFORMATION**

Date				
Last Name		First Name		Middle Name
Home Address	City	State	Zip Code	Home Telephone No.
Email Address			Cellular Telephone No.	
Are you currently authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO. Proof of eligibility will be required if hired.				

**JOB INFORMATION**

Position applying for:	*if applying for a licensed position, complete Appendix A	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Please list any hours or days that you are not available to work.		
When are you available to start work?		

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL AND LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE OR CERTIFICATION
High School			
College			
Technical School / Certification Program			

**REFERENCE INFORMATION**

Please list two references other than relatives (and other than former dentist employers).

Name	Name
Position	Position
Company	Company
Address	Address
Telephone	Telephone

**HOW WERE YOU REFERRED TO US**

Employee – Name	Agency – Name
School – Name	Other
Internet – Site Name	

**OTHER RELEVANT INFORMATION**

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. **Please do not include any information that would disclose your age, race, color, creed, religion, political affiliation, gender, sexual orientation, sexual identification, ancestry, national origin, citizenship, marital status, domestic or civil union partnership status, disability or handicap, veteran or military status (e.g. National Guard or Reserves), or any information about your salary, other compensation or benefits in any of your prior employment.**

**EMPLOYMENT HISTORY**

Please list your work experience for the **past five years** beginning with your most recent job held.

Current employer: Address:	Name of supervisor	Employment dates
City, State, Zip Code: Phone number:		From To
Reason for leaving (be specific)	Position held	
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, list name, title and contact information of your immediate supervisor.		

Name of employer: Address:	Name of supervisor	Employment dates
City, State, Zip Code: Phone number:		From To
Reason for leaving (be specific)	Position held	

Name of employer: Address:	Name of supervisor	Employment dates
City, State, Zip Code: Phone number:		From To
Reason for leaving (be specific)	Position held	

**PLEASE READ CAREFULLY**

**As an indication that you have read and understand each sentence, please write your *initials* in the spaces provided below.**

**EMPLOYMENT-AT-WILL STATEMENT**

I understand that my completion of this application form does not mean that any positions are available. I acknowledge that no one from My Orthodontist, PA has made any promise of employment to me. I further understand that My Orthodontist, PA has no obligation to offer me employment and that I have no right or entitlement to employment because I have completed this application. \_\_\_\_\_. (initial)

I acknowledge my understanding that if I am employed, the employment relationship between My Orthodontist, PA (the "Practice") and me will always be "employment-at-will." This means that either I or the Practice can terminate the employment relationship at any time with or without notice and without any reason or cause. \_\_\_\_\_. (initial)

### REFERENCE CHECKS

I hereby give the Practice permission to contact educational institutions, current and previous employers (unless otherwise indicated), references, government agencies, and others to verify the information contained in this application and to otherwise check on my suitability for employment. I authorize all these individuals and entities to freely and fully reply to all inquiries about me made by My Orthodontist, PA in this employment application process. \_\_\_\_\_. (initial)

### CONSUMER AND CRIMINAL INVESTIGATIVE REPORT

I understand that any offer of employment that I receive from the Practice will be conditioned upon my successfully passing a background check, known as a Consumer Investigative Report, conducted by a Consumer Reporting Agency and a criminal background check.

The Consumer and Criminal Investigative Report will be obtained in accordance with the requirements of the federal Fair Credit Reporting Act, the Fair and Accurate Credit Transaction Act, and other applicable state laws, including the New Jersey Opportunity to Compete Act.

I understand that no criminal background check will be conducted until after I have had an initial interview and unless I am conditionally offered employment pending the criminal check. In addition, if a conditional offer of employment is made, I may not be denied employment because of an expungement or pardoned criminal record. \_\_\_\_\_. (initial)

### AGREEMENT FOR ARBITRATION

**YOU ARE DIRECTED TO READ THIS AGREEMENT VERY CAREFULLY BECAUSE IT WILL AFFECT YOUR LEGAL RIGHTS, PARTICULARLY YOUR RIGHT TO BRING LAWSUITS IN A COURT OF LAW WITH A JUDGE AND JURY FOR ANY LEGAL DISPUTE WITH THE PRACTICE.**

You agree that: any and all alleged legal disputes, controversies, claims, complaints, causes of legal action, charges, injuries, monetary or other losses, and other wrongdoings of any kind, (hereinafter referred to as "Legal Disputes") which may arise between you and the Practice, and/or any of its owners, directors, officers, executives, managers, or any other employees, with regard to any matter whatsoever including, but not limited to, any matter arising under this Employment Application, any Letter Offer of Employment, and any matter arising over the course of your employment, or termination, shall all be settled exclusively by final and binding arbitration before a single arbitrator.

Selection of the arbitrator and conducting of the arbitration shall be under the rules of Judicial Arbitration and Mediation Services ("JAMS"), 45 Broadway, New York, NY 10006 (212-751-2700). (You can access the JAMS Employment Arbitration Rules and Procedures at [www.jamsadr.com](http://www.jamsadr.com).)

The arbitrator shall also have the sole authority to resolve issues over the arbitrability of any Legal Dispute; and any other issues relating to the initiation, enforceability and application of this arbitration process to any Legal Dispute, including the applicability or running of any statute of limitation (i.e., time limit for filing a Legal Dispute); and any and all other issues relating to the use of this arbitration process as the sole means for resolving any Legal Dispute. This arbitration shall be the only means for resolving all such Legal Disputes between you and the Practice. \_\_\_\_\_. (initial)

(Arbitration is the submission of a Legal Dispute to an impartial third person, an arbitrator, who is chosen by mutual agreement of the employee and the Practice (the "Parties") to resolve the Legal Dispute. The Parties agree to be bound by the arbitrator's decision as a final determination. Arbitration, then, is a private means for deciding a Legal Dispute, as an alternative to the public courts, as established by the government, with judges and juries.) \_\_\_\_\_. (initial)

**BY SIGNING BELOW YOU ARE ACKNOWLEDGING YOUR UNDERSTANDING AND YOUR CONSENT THAT UNDER THIS AGREEMENT FOR ARBITRATION YOU ARE KNOWINGLY AND VOLUNTARILY GIVING UP YOUR RIGHTS TO PURSUE ANY LEGAL DISPUTES YOU MAY HAVE WITH MY ORTHODONTIST, PA THROUGH A LAWSUIT IN A COURT OF LAW WITH A JUDGE AND A TRIAL WITH A JURY. ALL SUCH LEGAL DISPUTES CAN ONLY BE PURSUED THROUGH THIS ARBITRATION PROCESS, AND YOU CANNOT PURSUE THEM IN A COURT OF LAW WITH A JUDGE AND JURY.**

**IN THE EVENT THAT FOR ANY REASON THIS AGREEMENT TO ARBITRATE IS FOUND NOT TO BE ENFORCEABLE, AND YOU ARE PERMITTED TO PURSUE ANY CLAIM OR ANY OTHER MATTER IN COURT, THEN YOU CONSENT TO HAVE ALL SUCH LEGAL DISPUTES OR ANY OTHER MATTER HEARD AND DECIDED EXCLUSIVELY BY A JUDGE, AND WAIVE (GIVE UP) YOUR RIGHT TO HAVE ANY SUCH CLAIMS OR ANY OTHER MATTER HEARD AND DECIDED IN A TRIAL BY JURY.**

\_\_\_\_\_. (initial)

I have carefully read and understand this Agreement for Arbitration. I acknowledge that I have had an adequate opportunity to review and consider this Agreement and to decide whether or not to sign it. I understand and voluntarily agree to the terms of this Agreement for arbitration in this employment application process and as a term and condition of my employment, if I am employed by My Orthodontist, PA

Date: \_\_\_\_\_

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

**AFFIRMATION BY APPLICANT**

By signing below, I affirm that my answers to the questions, and the information I have provided, in this Employment Application are true, complete, and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that might cause the contents of my Application to be false or misleading. I further understand that any misrepresentation, deception or false statement made in this Employment Application may result in the rejection of my application or, if not discovered until after becoming employed, may result in my immediate termination.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

**My Orthodontist, PA is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to age, race, color, creed, religion, political affiliation, gender, sexual orientation, sexual identification, ancestry, national origin, citizenship, marital status, domestic or civil union partnership status, disability or handicap, veteran or military status (e.g. National Guard or Reserves).**

Thank you for completing this application form and for your interest in My Orthodontist, PA

**OFFICE USE ONLY:** Date received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

**Appendix A**

**Application for Licensed Position**

If you are applying for a position with My Orthodontist which requires licensing by a State agency (e.g. as a dental hygienist), please provide answers to the following questions:

- (1) License number and expiration date (the Practice may require a copy of the license):

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- (2) Are you current with your continuing education requirements?

Yes       No

(The Practice may require written proof of current compliance, or a valid extension of time to comply).

- (3) Have you ever had any patient or any other complaint filed against you with any licensing authority in any state?

Yes       No

If "yes," please provide a brief explanation:

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- (4) Have you ever had any disciplinary action taken against you by any licensing authority in any State?

Yes       No

If "yes," please provide a brief explanation:

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- (5) Have you ever had your employment terminated by a dental practice or by any other health care employer?

Yes       No

If "yes," please provide a brief explanation:

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