



Employment Application

An Equal Opportunity Employer

Date Last Name First Name Middle

Present Address:

No. & Street City State Zip Code

Cell Phone Home Phone

Employment Desired

Position applying for: _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, what date can you start work? _____

Personal Information

How did you hear about our company and this job opening? _____

Why are you applying for work at Paragon Implant Company? _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

Education, Training, and Experience

School Name and Location	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School Name: _____ City/ST: _____	_____	_____	_____
College/Univ. Name: _____ City/ST: _____	_____	_____	_____
Vocational School: _____ City/ST: _____	_____	_____	_____

Employment Application (continued)

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at Paragon Implant Company? If so, please explain: _____

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient).

Name of Employer	Phone Number		
Type of Business	Your Supervisor's Name		
Address & Street	City	State	Zip Code
Dates of Employment: _____	_____	_____	_____
From	To		
Your Position and Duties: _____			
Reason for Leaving: _____			
May we contact this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer	Phone Number		
Type of Business	Your Supervisor's Name		
Address & Street	City	State	Zip Code
Dates of Employment: _____	_____	_____	_____
From	To		
Your Position and Duties: _____			
Reason for Leaving: _____			
May we contact this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer	Phone Number		
Type of Business	Your Supervisor's Name		
Address & Street	City	State	Zip Code
Dates of Employment: _____	_____	_____	_____
From	To		
Your Position and Duties: _____			
Reason for Leaving: _____			
May we contact this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer	Phone Number		
Type of Business	Your Supervisor's Name		
Address & Street	City	State	Zip Code
Dates of Employment: _____	_____	_____	_____
From	To		
Your Position and Duties: _____			
Reason for Leaving: _____			
May we contact this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employment Application (continued)

References

List below three persons not related to you with knowledge of your work performance during the last three years.

_____ First Name	_____ Last Name	_____ Phone Number
_____ How do you know this person?		_____ How long have you known this person?

_____ First Name	_____ Last Name	_____ Phone Number
_____ How do you know this person?		_____ How long have you known this person?

_____ First Name	_____ Last Name	_____ Phone Number
_____ How do you know this person?		_____ How long have you known this person?

Please read the following carefully, initial each paragraph and sign below:

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct and to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Paragon Implant Company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. The company will consider qualified applicants, including those with criminal histories, in a manner consistent with local "Fair Chance" ordinances.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

_____ In compliance with Federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Date: _____

Applicant's signature: _____