

Texas Oral Surgery Specialists

Employment Application

Please Print. Complete all sections and sign.

General

1. Full Name: _____
2. Address: _____ No. of years at address: _____
3. Phone Day: _____ Phone Night: _____
4. Email Address: _____
5. SSN: _____ If under 18, list your birthdate: _____
6. Are you legally authorized to work in the United States: Yes _____ No _____
7. Do you have a current valid driver's license: Yes _____ No _____
State: _____ License # : _____
8. Have you ever worked for or interviewed with Dr. Tye before? Yes _____ No _____
If yes, please explain: _____
9. Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes _____ No _____ If your answer is "Yes," explain in concise detail at the bottom of page 4, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.

Position Information

10. What is your desired position: _____
11. Other position you would consider: _____
12. Days/Times Available to Work: M _____ T _____ W _____ TH _____ F _____
13. Are you available to work occasional evenings for special events: _____
14. Available Start Date: _____

Name: _____

Education

15. High School: _____ City/St: _____ Graduation Date or No. of

Years completed: _____ Degree: _____

16. College: _____ City/St: _____ Graduation Date or No. of

Years completed: _____ Degree: _____

17. Trade School/Other: _____ City/St: _____ Graduation Date: _____

Degree or Certification: _____

18. Please list licenses, additional education, training, foreign languages, computer skills or other information you consider relevant: _____

Are you Currently Certified in any of the following: (Check all that apply)

CPR RDA Nitrous Oxide Radiology

DANCE (Oral Surgery Anesthesia Assistant) ACLS

Are you proficient in: MS Word MS Excel WinOMS QuickBooks

Professional References

Please list three professional references.

1. Full Name: _____ Company: _____
Position: _____ Relationship: _____
Phone: _____ **Years Known:** _____

2. Full Name: _____ Company: _____
Position: _____ Relationship: _____
Phone: _____ **Years Known:** _____

3. Full Name: _____ Company: _____
Position: _____ Relationship: _____
Phone: _____ **Years Known:** _____

Name: _____

Previous Employment

Please list most recent employment first.

1. Start Date: _____ End Date: _____ Starting Salary: _____ Final Salary: _____
Employer: _____ Supervisor's Name: _____
Employer Complete Address: _____
Employer Phone: _____ Employer Email: _____
May we contact? _____
Reason for Leaving: _____
Duties / Experience: _____
Final Position: _____

2. Start Date: _____ End Date: _____ Starting Salary: _____ Final Salary: _____
Employer: _____ Supervisor's Name: _____
Employer Complete Address: _____
Employer Phone: _____ Employer Email: _____
May we contact? _____
Reason for Leaving: _____
Duties / Experience: _____
Final Position: _____

Name: _____

3. Start Date: _____ End Date: _____ Starting Salary: _____ Final Salary: _____

Employer: _____ Supervisor's Name: _____

Employer Complete Address: _____

Employer Phone: _____ Employer Email: _____

May we contact? _____

Reason for Leaving: _____

Duties / Experience: _____

Final Position: _____

4. Have you ever been involuntarily terminated from a position of employment? If so, please explain. (This question does not apply to a layoff or reduction in force for economic reasons.)

***Explanation of Yes answer on Question #9. Explain in concise detail.**

Date and Nature of Offense: _____

Name and Location of the Court: _____

Disposition of the Offense: _____

Any additional relevant information: _____

(A conviction may not disqualify you, but a false statement will.)

Name: _____

Disclaimer and Signature

Fraud & Misrepresentation

I hereby authorize investigation of all statements contained in this application and on my resume, if provided. I certify that the facts in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements are grounds for dismissal. Misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.

Reference and Background Checking

Applying for a job authorizes Texas Oral Surgery Specialists to contact schools, current and former employers (unless otherwise indicated) or other references for the purpose of verifying information and/or obtaining an account of education, work experience and skills. I understand this verification may include any inquiry into my credit history, motor vehicle driving record, criminal and civil records, prior employment, education, as well as other public record information. I authorize the release of such information as deemed necessary by Texas Oral Surgery Specialists to verify the information I provided. I release and hold harmless from liability any individual or entity requesting or supplying information with respect to my application for employment.

Employment Eligibility Verification and "At Will" Status

Employment at Texas Oral Surgery Specialists is contingent on the provision of satisfactory proof of your identity and legal authority to work in the United States. Prior to or on your first day of employment, you must comply with the requirements of the Immigration and Naturalization Service's Employment Eligibility Verification (I-9 Form). Employment at Texas Oral Surgery Specialists is on an "at-will" basis and is for no definite period and may, regardless of the date or method of payment of wages and salary, be terminated at any time with and without cause. No supervisor, manager, or other person, irrespective of title or position, has authority to alter the at-will status of your employment or to enter into any employment contract for a definite period of time with you. Any agreement with you altering the at-will employment status must be in writing and signed by Dr. Chris Tye. I understand and agree that no representative of Texas Oral Surgery Specialists has entered into any employment agreement for a specified period of time.

Medical Examination/Immunization(s)

For some positions, after an offer of employment is made, a pre-employment medical examination or immunization(s) may be required as a condition of employment only if it is relevant to the job. These examinations are arranged by and at the expense of Texas Oral Surgery Specialists. By applying for a specific job, you acknowledge your understanding and agreement that failure to successfully complete a required post-offer, pre-employment medical examination or immunization(s) will result in Texas Oral Surgery Specialists rescinding the employment offer or terminating your employment.

EEOC Statement

Texas Oral Surgery Specialists is an equal opportunity employer and does not discriminate on the basis of race, color, gender, religion, age, sexual orientation, national or ethnic origin, disability, marital status, veteran status, or any other occupationally irrelevant criteria. TXOSS is a smoke-free environment and as such, prohibits smoking in all facilities. Texas Oral Surgery Specialists is a drug-free workplace.

Signature: _____ Date: _____