

The Georgia Dental Society

**EXECUTIVE ADMINISTRATOR – GEORGIA DENTAL SOCIETY
EMPLOYMENT APPLICATION**

August 15, 2014

1. Employer Information

Employer: The Georgia Dental Society
Address: 500 N. Monroe Street
City/State/Zip: Albany, GA 31701
Telephone: (229) 883-7498

It is the policy of The Georgia Dental Society to provide equal employment opportunities to all applicants and employees without regard to any legally protected status, such as race, color, religion, gender, nation origin, age, disability or veteran status.

2. Applicant Information

Applicant Name: _____
Address: _____
City/State/Zip: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Cell phone: _____
Social Security Number: _____

3. Salary Desired: \$ _____ per _____

4. Who referred you to our organization? _____

5. If you are offered employment, when would you be able to begin work?

6. Applicant's Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating
<u>QuickBooks</u>	_____	1 2 3 4 5
<u>Word</u>	_____	1 2 3 4 5
<u>Publisher</u>	_____	1 2 3 4 5
<u>Excel</u>	_____	1 2 3 4 5
<u>Social Media</u>	_____	1 2 3 4 5
<u>Socialization Skills</u>	_____	1 2 3 4 5

7. Applicant Employment History

Employer Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____

Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____

Reason for Leaving: _____
Dates of Employment (Month/Year): _____

8. Applicant's Education and Training

College Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree received and institution: _____

Awards, Honors, Special Achievements:

9. References

List any three people who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/Zip: _____,
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/Zip: _____,
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/Zip: _____,
Telephone: _____
Relationship: _____

10. Please provide any other information that you believe should be considered:

CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize The Georgia Dental Society to contact former employers and educational organizations regarding my employment and education. I authorize my former employer and educational organizations to fully and freely communicate information regarding my previous employment and attendance. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

Additionally I authorize the Georgia Dental Society to perform a background check.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE