

Application for Employment



Sherer Dental Laboratory, Inc.
 1145 Camden Ave. – PO Box 11627
 Rock Hill, South Carolina 29731
 803-324-4040 fax 803-324-4243

Position applied for: Technician – trainee Trained technician S&R staff
 Management Courier Other _____

Date of application: _____

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail _____ SS# _____

Are you eligible to work in the U.S.? Yes No
 If you are under 18, can you furnish a work permit? Yes No
 May we contact your present employer? Yes No
 Would you work overtime when asked to? Yes No

Date available for work: Mon _____ Tues _____ Wed _____ Thu _____ Fri _____

Hours desired: Full-time Part-time Any

Salary desired: \$ _____

Have you been convicted of a felony in the last seven years? Yes No

(Such conviction may be relevant or job-related, but does not bar you from employment)

If yes, please explain: _____

Referred to us by: _____

Drivers license # (if required by job): _____ State: _____

What are your hobbies? _____

Employment History

List your last 3 employers, assignments, or volunteer activities, starting with the most recent, including military experience.

From	To	Employer	Telephone
Job title		Address	
Immediate Supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly rate / Salary	
		Start: \$ _____ per _____ Final: \$ _____ per _____	

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Immediate Supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly rate / Salary	
		Start: \$	per Final: \$ per

From	To	Employer	Telephone
Job title		Address	
Immediate Supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly rate / Salary	
		Start: \$	per Final: \$ per

Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company.

Educational Background

Name and Location	Years Completed	Did you graduate?		Course of study
High School				
College		Major	Degree	
Other				

References

Name	Telephone	Years known

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Sherer Dental Lab's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, Sherer Dental Lab reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Sherer Dental Lab has the authority to make any assurances to the contrary.

I give Sherer Dental Lab the right to investigate all references and to secure additional information about me if job related. I hereby release from liability Sherer Dental Lab and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Signature of Applicant: _____ Date: _____