ROBERT SILVERSTEIN, D.M.D., M.S., P.A.
32 Worlds Fair Drive
Somerset, NJ 08873
732-560-0022

Robert Silverstein, D.M.D., M.S., P.A. (the "Practice") IS AN EQUAL OPPORTUNITY EMPLOYER

The Practice selects people on the basis of skill, training, ability, attitude, and character without discrimination with regard to age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Position Applied for: Clinical Assistant (Sterilization, etc.) Date_____

Name_____
(Last) (First) (Middle)

Present Address_____
Number Street City State Zip Code

Home Telephone (_____)_____ Cell Phone (_____)_____ email: _____
(Area Code) (Area Code)

Do you have any dental office experience? ❑ YES ❑ NO If yes, please elaborate: _____

_____

_____

PERSONAL HISTORY & INFORMATION

SOCIAL SECURITY NUMBER _____/_____/_____

1. HAVE YOU EVER BEEN CONVICTED OF A FELONY? ❑ YES ❑ NO
2. ARE YOU SUBJECT TO ANY CONTRACTUAL RESTRICTION WITH RESPECT TO THE PERFORMANCE OF ANY DUTIES FOR THE PRACTICE, e.g., A NON-COMPETITION AGREEMENT WITH A PRESENT OR FORMER EMPLOYER? ❑ YES ❑ NO
   IF YES, PLEASE ATTACH A COPY OF THE RESTRICTION. IF IT IS NOT IN WRITING, DESCRIBE THE NATURE AND LENGTH OF THE RESTRICTION AND THE PARTY WITH WHOM THE RESTRICTION WAS CONTRACTED?

   _____

   _____
3. NAME AND PHONE NUMBER OF PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY.

   _____

   _____

EDUCATION — PLEASE FILL OUT COMPLETELY. LIST ALL SCHOOLS ATTENDED

HIGH SCHOOL OR SECONDARY SCHOOL OR EQUIVALENT:	DATES ATTENDED:	
_____ _____ _____ CITY/STATE/COUNTRY _____ _____ _____	_____/_____ TO (MO./YR.) _____/_____ FROM (MO./YR.) DID YOU GRADUATE? ❑ YES ❑ NO	GPA: _____

HIGH SCHOOL OR SECONDARY SCHOOL OR EQUIVALENT:	DATES ATTENDED:	
_____ _____ _____ CITY/STATE/COUNTRY _____ _____ _____	_____/_____ TO (MO./YR.) _____/_____ FROM (MO./YR.) DID YOU GRADUATE? ❑ YES ❑ NO	GPA: _____

WORK AVAILABILITY

If your application receives favorable consideration, when will you be available to begin work?

_____

Do you have any objection to working overtime?	❑ YES	❑ NO
Can you work overtime without prior notice?	❑ YES	❑ NO
Can you work on Saturday?	❑ YES	❑ NO
Do you have your own transportation?	❑ YES	❑ NO

Please summarize any additional information necessary to describe your full qualifications: _____

_____

_____

_____

_____

INFORMATION RELEASE FORM & CONSENT TO THE PRACTICE'S POLICIES – After reading each paragraph, please evidence your consent by placing your initials on the line after each paragraph.

I hereby declare the information provided by me in this application is true and complete, and I understand that falsification of this information is grounds for refusal to hire or, if I've been hired, for termination. I authorize any of the persons or organizations referenced in this application and any of them to give the Practice all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to the Practice. _____

In consideration for my employment with the Practice, I agree to conform to the rules and regulations of the Practice as may be set forth by the Practice from time to time or in the Practice's Employee Handbook together with the Alternative Dispute Resolution Policy contained therein and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or be added to by the Practice at any time, at the employer's sole option and without any prior notice to me. _____

Absent a separate written agreement, I further acknowledge that if I am employed by the Practice, my employment will be at will, and may be terminated with or without cause at any time by me or by the Practice. _____

I consent to the Practice's drug testing policy and background checking policy, either prior to commencement of employment or after I have become employed, as deemed necessary by the Practice. _____

_____ _____

SIGNATURE DATE