



# APPLICATION FOR EMPLOYMENT DENTAL ARTS LABORATORIES, INC.

## Dental Arts Laboratories, Inc.

**Equal Opportunity Employer:** In compliance with Federal, State and Local employment opportunity laws, Dental Arts Laboratories, Inc. ("DAL") will consider all qualified candidates for employment without regard to race, color, creed, religion, sex, sexual orientation, age, marital status, military status, certain unfavorable discharges from military service, citizenship, ancestry, national origin, physical or mental handicap or disability, genetic information, pregnancy, or any other characteristic protected by law.

**Accommodations:** Consistent with the Americans with Disabilities Act and the Illinois Human Rights Act, you may request accommodations needed to participate in the application process due to a disabling condition or pregnancy.

**Application Instructions:** Please print and fill out application completely – do not refer to resume. Incomplete applications may prevent you from being considered for employment. Applications will remain active for 30 days.

Date of Application: \_\_\_\_\_ Position Desired: \_\_\_\_\_

Personal Information		
Name (Last, First, M.I.)	Willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address (include Mailing Address if different)	Home Telephone	
City, State, Zip	Cellular Telephone	
E-mail address	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you learn about us? <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> DAL Employee (specify) _____		
<input type="checkbox"/> Advertisement (specify) _____ <input type="checkbox"/> Employment Agency (specify) _____		
<input type="checkbox"/> Internet Website (specify which site) _____		
DAL is required to verify an employee's lawful right to work in the United States. If hired, will you be able to provide this required documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you registered, licensed, or certified? If so, has license, registration, or certification ever been revoked, suspended, or put on probation? If yes, please explain: _____		
As required by law, DAL will conduct periodic checks of the Office of Inspector General Sanctions List. Have you ever been sanctioned by the Office of Inspector General? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you now on the Office of Inspector General Sanctions List? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Employment Desired and Hours Available

Position(s) Applying For				Date Available	Salary Desired		
Type of work desired - <b>Please rank in order of preference, or mark N/A for "not applicable."</b>							
_____ Full-time		_____ Part-time, over 20 hours per week					
_____ Part-time, under 20 hours per week		_____ Seasonal/Temporary (explain) _____					
<b>Hours available to work: *</b>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
Total hours available per week			Are you able to work beyond your assigned shift or work overtime if needed? *				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you now under any non-competition obligations, or do you have any other interest, which is inconsistent or in conflict with duties that may be assigned by DAL? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Have you ever applied with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		For What Position?			When?		
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		In What Position?			When?		
Do you have any relatives that are currently working for us? <input type="checkbox"/> Yes <input type="checkbox"/> No		Who?			What Department?		

### Education

	Name of School City, State	Course of Study	Years Completed	Did you graduate?	Degree Earned
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, Correspondence School or Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list special skills and/or qualifications you possess that directly relate to the position for which you are applying, such as knowledge of software, computer programs, and machinery and/or other office equipment you operate:					
Please list workshops, courses, certification, or training you have completed that directly relate to the position for which you are applying:					
Why are you interested in DAL and/or this position?					
<p><b>* NOTE: You are not obligated nor will DAL ask you to disclose whether you might request time off during these hours for religious practices. Applicants who require an accommodation for religious practices will not be excluded from consideration or otherwise subject to discrimination.</b></p>					

## Employment History

**Instructions:** List your last four previous employers below, starting with your most recent employer. Attach additional sheets if necessary. Explain any gaps in employment at the end of the page. All information **MUST** be completed. You **may not substitute a resume for this application, although a resume may be attached for additional information.**

### Employer #1 --- Current or Most Recent Employer

May we contact your current employer?  Yes  No      If no, please explain: \_\_\_\_\_

Employer Name		From (mo/yr)	To (mo/yr)	Employment was: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temp
Employer Address, City, State	Employer Telephone	Start Position	End Position	
Supervisor Name		Start Salary	End Salary	Are you currently employed with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties performed and skills used or learned:			Reason for leaving or looking for other employment: _____ <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	

### Employer #2

Employer Name		From (mo/yr)	To (mo/yr)	Employment was: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temp
Employer Address, City, State	Employer Telephone	Start Position	End Position	
Supervisor Name		Start Salary	End Salary	Are you currently employed with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties performed and skills used or learned:			Reason for leaving or looking for other employment: _____ <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	

### Employer #3

Employer Name		From (mo/yr)	To (mo/yr)	Employment was: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temp
Employer Address, City, State	Employer Telephone	Start Position	End Position	
Supervisor Name		Start Salary	End Salary	Are you currently employed with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties performed and skills used or learned:			Reason for leaving or looking for other employment: _____ <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	

### Employer #4

Employer Name		From (mo/yr)	To (mo/yr)	Employment was: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temp
Employer Address, City, State	Employer Telephone	Start Position	End Position	
Supervisor Name		Start Salary	End Salary	Are you currently employed with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties performed and skills used or learned:			Reason for leaving or looking for other employment: _____ <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	

## Gaps in Employment

Dates		Explain gaps in employment longer than 30 days <input type="checkbox"/> Not Applicable
From	To	Reason
From	To	Reason
From	To	Reason

## Other References

**Instructions: List four references you have known for at least one year. Do not list persons related to you or persons already listed in the Employment Section.**

	Name/Occupation	Address, City, State	Telephone Number	Years Acquainted	Relationship (Check all that apply)
1.					<input type="checkbox"/> Work-related <input type="checkbox"/> Personal
2.					<input type="checkbox"/> Work-related <input type="checkbox"/> Personal
3.					<input type="checkbox"/> Work-related <input type="checkbox"/> Personal
4.					<input type="checkbox"/> Work-related <input type="checkbox"/> Personal

## Application Notification and Authorization

### Read the following information carefully before signing below.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation of these facts may be grounds for rejection of this application, denial of employment or, if employed, for dismissal if subsequently discovered.

In connection with my application for employment with DAL, I understand that investigations and inquiries may be made concerning my background and qualifications, including but not limited to my past employment or employment references, education, credit history, criminal convictions and history, motor vehicle reports, and other inquiries. By signing this application/statement, I hereby authorize and release without reservation all parties, including DAL and its employees or representatives, from any and all claims, actions, suits and/or liabilities arising from the release or pursuit of any such information. I understand that this release does not operate to relieve any party of liability under applicable non-discrimination and fair employment practices laws. In the event DAL uses an outside investigative consumer-reporting agency, DAL will notify me.

I understand that filling out this form does not indicate there is a position open and does not obligate DAL to hire me. If hired, I understand that I will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. In consideration of my employment, I agree to abide by the rules and regulations of DAL.

I understand and agree that, if hired, I will abide by the employment guidelines established by DAL including the guidelines on employee conduct. **As a condition of employment, I acknowledge that I will receive, read, and if hired, agree to strictly abide by DAL's Equal Employment Opportunity and Non-retaliation Policy and Sexual and Other Discriminatory Harassment Policy.** Conduct, whether intentional or unintentional, which results in the harassment of others, regarding race, color, religion, sex, age, national origin, sexual orientation, disability or any other protected characteristic as established by federal, state, and local law is illegal and will not be tolerated. Such conduct violates DAL policy and will result in disciplinary action, up to and including termination of employment.

I understand and agree that, if hired, my employment is for no definite period, and regardless of the date of payment of my wages or salary my employment can be terminated at any time, with or without cause or notice, at the option of either DAL or myself. I further understand that only DAL's President or another person specifically designated by DAL's President has the authority to create or enter into any employment agreement on behalf of DAL, and this employment agreement will not be enforceable unless it is in writing and signed by DAL's duly authorized representative and me.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***We appreciate your interest in our organization. Thank you for taking the time to complete this application.***

## **CONSENT AND RELEASE (Pre-Employment)**

The undersigned applicant hereby authorizes Dental Arts Laboratory to conduct through its designated physician, medical facility or laboratory testing facility a drug screening test as a requirement for employment.

In applying for employment I, \_\_\_\_\_, understand that a urine drug screening test will be administered as part of the pre-employment process to determine the presence of certain drugs and substances prohibited by Dental Arts Laboratory Company Policy, such as, illegal drugs, controlled substances, marijuana, mood or mind-altering substances, "look-alike" substances, designer or synthetic drugs, certain inhalants and unauthorized prescription drugs. I further understand that the presence of one or more of these drugs or substances will cause my rejection for continued consideration for employment.

I also understand that once the drug screening test is completed and I elect for whatever reason not to accept the job position offered, I will be responsible for paying all fees involved with the testing.

I understand that refusal to submit to the drug screening test will constitute voluntary withdrawal of my application for employment.

I authorize that the results of this drug screening test be given to Dental Arts Laboratory or any of its agents for employment purposes.

I release and hold harmless the designated physician, test laboratory and/or medical facility for release of this information to Dental Arts Laboratory. I also release and hold harmless Dental Arts Laboratory its directors, officers and employees for the use of this information for employment purposes.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

## Affirmative Action – Voluntary Information

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis or any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from the application. In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant's data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide this information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated. Please be advised that this survey is not part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Name \_\_\_\_\_ Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_

Male  Female Are you a veteran?  Yes  No Vietnam Era?  Yes  No

### Please check one of the following Equal Employment Opportunity Identification Groups:

- Hispanic or Latino**  
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)**  
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)**  
A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**  
A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian ( Not Hispanic or Latino)**  
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native (Not Hispanic or Latino)**  
A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)**  
All persons who identify with more than one of the above five races.

**NOTICE TO ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT WHO ARE  
INDIVIDUALS WITH A DISABILITY, DISABLED VETERANS, RECENTLY SEPARATED  
VETERANS, OTHER PROTECTED VETERANS, OR ARMED FORCES SERVICE MEDAL  
VETERANS**

1. The Company wishes to employ and advance in employment qualified individuals with a disability, disabled veterans, recently separated veterans, other protected veterans, or armed forces service medal veterans, ("veterans"). If you are an individual with a disability or a veteran we invite you to voluntarily identify yourself and your status.
2. An individual with a disability is any person who (a) has a physical or mental impairment which substantially limits one or more of the person's major life activities, (b) has a record of such impairment, or (c) is regarded as having such impairment.
3. Disabled veteran means: (a) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (b) a person who was discharged or released from active duty because of a service-connected disability.
4. Other protected veteran means: a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.
5. Recently separated veteran means: any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
6. Armed Forces service medal veterans means: any veteran who, while serving on active duty in the U.S. military, ground, naval or air service participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
7. You may inform us of your status at this time and/or at any time in the future.
8. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with law.
9. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with a disability, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing certain federal laws may be informed.
10. In order to assure proper placement of all employees, use this form to notify Debra Bromley, Vice President, Human Resources, if you believe you have a disability or if you are a veteran. If you have a disability, please state the skills and procedures you use or intend to use in performing the essential duties of the job, or indicate the accommodations we could make which would enable you to perform the job properly and safely.

I wish to identify myself as:

- Individual with a disability
- Disabled veteran
- Recently separated veteran (\_\_\_\_\_month/year of discharge)
- Armed forces service medal veteran
- Other protected veteran

I wish to be contacted regarding this information:

- Yes
- No

Requested accommodation for disability or other relevant information:

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Printed Name

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Signature

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Date



# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 03/2019

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

### **Please check one of the boxes below:**

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires \_\_\_\_\_

## Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.