

4. Name of Next Previous Employer		Address		Telephone	Type of Business
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List the jobs you held, duties performed, skills used or learned, advancements or promotions.					

CRIMINAL HISTORY

Have you ever been convicted, entered a plea of no contest or received a withheld judgment for any criminal offense (misdemeanor or felony)? Yes___ No___ (A conviction will not necessarily disqualify an applicant.)
 If yes, please explain: _____

Do you have a criminal matter currently pending? Yes___ No___

Have any of your prior employers ever disciplined you including, but not limited to, a written warning, suspension, demotion, termination or asking you to resign from employment? If so, please explain **each** incident by providing the date of occurrence, disciplinary action taken, facts surrounding the action (e.g., specific policy violation or performance issue), and the name of the employer. If you need additional space, please continue on a separate piece of paper. It is critical that the applicant be upfront in his or her response so that Delta Dental of Idaho can assess the significance of the prior action. Failure to provide full disclosure may result in disqualification from employment consideration, or if hired, termination.

Are you over 18 years of age? Yes___ No___

Are you authorized to work in the United States? Yes___ No___
 (Federal Law requires proof of identity and employment authorization for all new employees.)

For Driving Positions Only: Do you have a valid driver's license? Yes___ No___ License Number and State Issued: _____

EDUCATIONAL BACKGROUND

Name and Location	Years Completed	Did You Graduate ?	Major/Course of Study	Degree
High School				
College--Undergraduate				
College--Graduate				
Other (Specialized Training)				

REFERENCES

Name	Position	Phone Number



SKILLS AND QUALIFICATIONS

Summarize special skills, qualifications, special training, professional licenses, or other experience that may qualify you as being able to perform the job-related functions for the position for which you are applying. Give any additional information/experience related to working for Delta Dental. (Do not provide information that would disclose that you are a member of a protected class).

This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, and that such information may be developed through personal interviews with third parties. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize Delta Dental to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with Delta Dental. I hereby release and hold Delta Dental harmless from any claim for releasing any truthful information within its knowledge and/or records.

I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug and alcohol test.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without material omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. **I understand and acknowledge that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract.**

I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

Signature of Applicant

Date