



# PROGRESSIVE DENTAL, PLLC



*"Dentistry for All Ages"*

Dr. Sonny Spera Dr. Jennifer Redmore Dr. Brian Blanchard  
Dr. Steve Sheffield Dr. Matthew L. Franklin Dr. Oreida Quinones

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State/Zip Code

Telephone # \_\_\_\_\_ Mobile/Other # \_\_\_\_\_

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Type of employment desired \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time

Have you ever applied here before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?  
Yes \_\_\_\_\_ No \_\_\_\_\_

## EMPLOYMENT HISTORY

Starting with your most recent employer provide the following information.

Employer _____	Telephone # _____
Address _____	City _____ State _____
Starting job title/final job title _____	Dates employed _____
Why did you leave? _____	May we contact for a reference? _____
Summarize the type of work you performed and job responsibilities. _____	
_____	
_____	
Starting wage _____	Ending wage _____ Hourly _____ Salary _____

Employer _____	Telephone # _____
Address _____	City _____ State _____
Starting job title/final job title _____	Dates employed _____
Why did you leave? _____	May we contact for a reference? _____
Summarize the type of work you performed and job responsibilities. _____	
_____	
_____	
Starting wage _____	Ending wage _____ Hourly _____ Salary _____

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Starting job title/final job title \_\_\_\_\_ Dates employed \_\_\_\_\_  
 Why did you leave? \_\_\_\_\_ May we contact for a reference? \_\_\_\_\_  
 Summarize the type of work you performed and job responsibilities. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Starting wage \_\_\_\_\_ Ending wage \_\_\_\_\_ Hourly \_\_\_\_\_ Salary \_\_\_\_\_

**SKILLS AND QUALIFICATIONS**

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. \_\_\_\_\_  
 \_\_\_\_\_

What is your definition of accountability? \_\_\_\_\_  
 \_\_\_\_\_

What are your responsibilities right now? \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

School (include City and State)	Diploma/Degree	Years Completed

**REFERENCES**

Name	Title	Relationship	Telephone#	Years known

**Applicant Statement**

I certify that all information I have provided in order to apply for and obtain employment work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representative, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using information in the employment process and all other persons, corporations or organizations for furnishing accurate information about me.

I understand that this employer does not unlawfully discriminate in employment and no information on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no oral or written agreements to the contrary are valid unless they are in writing and signed by Dr. Spera.

**I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from the employment with the employer, whenever it is discovered.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**  
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**FOR OFFICE USE ONLY**

First interview _____ Where _____
Second interview _____ Where _____ How long _____
Third interview _____ Where _____ How long _____

**703 Conklin Road/POB 198, Conklin, NY 13748-0198**  
**565 Hooper Road, Endwell, NY 13760**  
**CONKLIN: 607-722-5464 or 800-507-4911 Fax: 607-723-8754**  
**ENDWELL: 607-754-CARE (2273) Fax: 607-754-9526**  
[progdental@aol.com](mailto:progdental@aol.com)  
**101 S. Broad Street, Norwich, NY 13815**  
**NORWICH: 607-334-8666 Fax: 607-334-6662**  
[progdentnorwich@aol.com](mailto:progdentnorwich@aol.com)