

# Application for Employment

465 Medford Street  
Boston, MA 02129

Dental Service of Massachusetts (DSM) is committed to equal access to programs, services, and employment to all persons. If you require a reasonable accommodation to complete this application and/or interview process, please notify the receptionist

DSM is committed to a policy of nondiscrimination and equal opportunity for all employees and qualified applicants without regard to race, color, religious creed, national origin, sex, age, disability, marital or veteran status, sexual orientation, or any other basis prohibited by law. In reading and answering the following questions, please keep in mind that none of the questions is intended to imply any limitations, illegal preferences, or discrimination based upon any non-job related information.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street City State Zip Code (Area Code)

Mailing Address (if different): \_\_\_\_\_

Are you under age 18? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally eligible to work in the US? Yes \_\_\_\_\_ No \_\_\_\_\_ (Proof of US Citizenship or immigration status will be required upon employment.)

Position Applied For: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

Referral Source: \_\_\_\_\_ Rate of Pay Expected: \_\_\_\_\_

When are you available to start work? \_\_\_\_\_

Have you ever applied with DSM before? If yes, please list position applied for and the date: \_\_\_\_\_

Languages in which you are fluent: \_\_\_\_\_

## EDUCATION

High School	City	Course of Study		Graduate?	Circle Year Completed 9 10 11 12			
Tech or Trade School	City	Course of Study		Graduate?	Circle Year Completed 1 2 3 4			
College / University	City	Major	Degree	Graduate?	Circle Year Completed 1 2 3 4			
College / University	City	Major	Degree	Graduate?	Circle Year Completed 1 2 3 4			

Additional job-related seminars, short courses, workshops, or other educational experiences:

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# EMPLOYMENT HISTORY

List all employment and include any performed on a volunteer basis that can be verified. List your employers, starting with present or most recent. An attached resume may be submitted, however all applicants **must complete information requested** not furnished on resume.

Current Employer: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Salary: \_\_\_\_\_

Immediate Supervisor: Name, Title, Telephone Number \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Prior Employer: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Salary: \_\_\_\_\_

Immediate Supervisor: Name, Title, Telephone Number \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Prior Employer: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Salary: \_\_\_\_\_

Immediate Supervisor: Name, Title, Telephone Number \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## **Military** - Complete this section if you served in the armed forces.

From:	Branch	Highest Rank	Are you a member of a reserve unit?
To:	Please describe significant duties, skills acquired, and responsibilities.		



