



APPLICATION FOR EMPLOYMENT

Thank you for your interest in KK Dental Associates, LLC. KK Dental Associates, LLC is an equal opportunity employer, we do not discriminate on the basis of age, sex, religion, color, national origin, ancestry, marital status, disability, arrest and court record, sexual orientation, or other protected categories in accordance with state and federal laws. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties. If you require accommodation during the employment process, including assistance in the completion of this employment application, please let us know. Failure to fully complete this employment application will result in the application not being processed.

Today's Date:

PERSONAL INFORMATION (Please Print)

Name: (last, first, middle)		Social Security No.:	
Address:		Telephone No.:	Alternate Tel. No.:
City:		State:	
		Zip Code:	
Email address:		Are You 18 Years Or Older? Yes No	

DESIRED EMPLOYMENT

Position Applying For:		Date You Can Start:		Salary Desired:	
Are You Employed Now? Yes No		If So, May We Inquire Of Your Present Employer? Yes No			
Ever Applied To This Company Before? Yes No		Where?		When?	
Ever Worked For This Company Before? Yes No		Where?		When?	
Reason For Leaving:					
Name Of Last Supervisor At This Company:					
Who Referred You To This Company? <div style="display: flex; justify-content: space-between; font-size: small;"> Employment Agency Newspaper Advertising State Employment Office </div> <div style="display: flex; justify-content: space-between; font-size: small;"> College Placement Service Friend Walk-In Other </div>					

GENERAL INFORMATION

Subjects Of Special Study Or Research Work:
Special Training:
Special Skills:

EMPLOYMENT RECORD

Starting with PRESENT or MOST RECENT employment. Please account for any gaps in employment. If more space is needed, please attach additional sheets.

Company Name:	Position:	Start Date:	Starting Salary:	Ending Salary:
Address:	Telephone Number:	End Date:	May We Contact Your Supervisor? Yes No	
City/State/Zip Code:	Supervisor Name:		Supervisor Title:	
Duties Performed:				
Reason For Leaving:				

Company Name:	Position:	Start Date:	Starting Salary:	Ending Salary:
Address:	Telephone Number:	End Date:	May We Contact Your Supervisor? Yes No	
City/State/Zip Code:	Supervisor Name:		Supervisor Title:	
Duties Performed:				
Reason For Leaving:				

Company Name:	Position:	Start Date:	Starting Salary:	Ending Salary:
Address:	Telephone Number:	End Date:	May We Contact Your Supervisor? Yes No	
City/State/Zip Code:	Supervisor Name:		Supervisor Title:	
Duties Performed:				
Reason For Leaving:				

EDUCATION/TRAINING

	Name of School	Years Completed	Subjects Studied
Grammar School			
High School			
College/University			
Technical/Trade			

REFERENCES *(other than relatives)*

Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.

SERVICE RECORD

Branch Of Service:	Discharge Date:	Rank At Discharge:
Describe any military skills, training, or experience you believe are relevant to the job applied for:		

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST FIVE YEARS?	YES	NO
If yes, explain (will not necessarily exclude you from consideration).		

CERTIFICATION (Please read carefully, initial each paragraph, and sign below.)

_____ I certify that I have answered the above questions truthfully and have not withheld any information initial
relative to my application. I understand that any falsification, misrepresentations, or omissions, as well
as any misleading statements or omissions of the application information, attachments, and supporting
documents generally will result in denial of employment or immediate termination, if discovered after
hire.

_____ I consent to and authorize KK Dental Associates, LLC. to make a full and complete investigation of my
initial personal or employment history and authorize any former employer, person, firm, corporation, school,
credit agency, government agency or other entity to provide KK Dental Associates, LLC. with any
information of any sort (including fact or opinion) they may have regarding me related to my suitability
for employment. In consideration of KK Dental Associates, LLC. review of this application, I release
KK Dental Associates, LLC. and all providers of any information from any liability as a result of
furnishing and receiving this information.

_____ If employed by KK Dental Associates, LLC., I agree to conform to the guidelines and policies of the
initial Company. I understand that my employment and compensation can be terminated at any time, with or
without cause, and with or without notice, at the option of KK Dental Associates, LLC., or myself. I
understand that the President of the company is the only person who will ever have the authority to
create any other terms of employment and/or to enter into any employment contract and that all such
contracts must be in writing and signed by both parties. However, I also understand that unless
otherwise stated in an employment contract, the company may change, withdraw and interpret other
policies (including wages, hours, and working conditions) as it deems appropriate.

_____ I understand and agree that I may be required to submit to a drug testing and a complete post-offer initial
medical examination, as part of my application for employment. I also understand and agree that I may
be required to submit to a complete medical examination during my employment with KK Dental
Associates, LLC., provided that such examination is job-related and consistent with business necessity.
KK Dental Associates, LLC. will pay the cost of such examination. I authorize the physician conducting
the examination and any laboratory testing any specimen obtained by the physician or collection site to
disclose the results of the examination and the laboratory test to KK Dental Associates, LLC. in
accordance with state and federal laws. KK Dental Associates, LLC. will keep such results confidential
and disclose the results only to persons who need to know or where required by law. Also, I agree to
fully cooperate and provide KK Dental Associates, LLC. with any additional consents(s) and/or release(s)
as required by KK Dental Associates, LLC. to investigate my employment application.

_____ I understand and agree that any offer of employment, my continued employment, and the terms,
initial conditions, and privileges of my employment shall be conditional and terminable based on any arrest,
court, or conviction record that I may now have or may have in the future, as provided for in H.R.S.
§378-3.

_____ Although KK Dental Associates, LLC. makes every effort to accommodate individual preferences,
initial business needs may at times make the following conditions mandatory: overtime, shift work, rotating
work schedule, or a work schedule other than the weekdays. I understand and accept these as
conditions of my employment.

_____ I understand and agree that all of the foregoing terms and conditions will become part of my
initial employment relationship with KK Dental Associates, LLC. if KK Dental Associates, LLC. employs me.

Authorization/Signature of Applicant: _____ Date: _____