



8842 Goodby's Executive Dr. Jacksonville, FL 32217
(904) 448-0011
DCSteam@dcslab.com

DCS Dental Lab is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Applicant Information

Name: _____ Date: _____

Address: _____
Street City State Zip Code

Telephone Number: _____

Employment Position

Position(s) applying for: _____

How did you hear about this position? _____

What days/times are you available for work? _____

Should you be hired, what date are you able to start working? _____

Do you have reliable transportation to and from work? _____

Salary desired: _____

Personal Information

Have you ever applied to or worked for DCS in the past? Yes No

If yes, when?

Are you at least 21 years old or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status? _____

Will you consent to a mandatory controlled substance test? Yes No

Do you have any condition which would require job accommodations? Yes No

If yes, please explain:

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

Education and Training

Education	Name & Location	Degree Earned	Year Graduated
High School			
College / University			
College / University			
Specialized Training/ Other			

Previous Employment

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State, Zip Code: _____
Employer Telephone: _____
Dates of Employment: _____
Reason for Leaving: _____

Employer Name:

Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State, Zip Code: _____
Employer Telephone: _____
Dates of Employment: _____
Reason for Leaving: _____

Employer Name:

Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State, Zip Code: _____
Employer Telephone: _____
Dates of Employment: _____
Reason for Leaving: _____

Professional References

Name:

Title: _____
Company: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____

Name:

Title: _____
Company: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____

Name:

Title: _____
Company: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____

Applicant Signature: _____

Date: _____