



John P. Ritota, D.D.S
Theodore C. Ritota, D.M.D
 3401 South Federal Highway
 Delray Beach, FL 33483
 561-272-6664

Applicant Contact Information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Applicant Questions:

Job Position: _____ Desired Salary/Wage: _____

Type of Employment desired? **FULL TIME** **PART TIME** **TEMPORARY**

Date Available to Start: _____

Are you 16 years or older? **YES** **NO**

How did you hear about the position? _____

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? **YES** **NO**

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. You do not have to include any convictions or court records that have been sealed or exempted by a valid court order. This information will not necessarily disqualify you from employment, but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Educational Background:

Highest level of education completed: _____

<u>College/ Trade School</u>	<u>City/State</u>	<u>Degree/Diploma</u>	<u>Major</u>	<u>Dates</u>



Employment History:

List all positions held, including part-time summer and/or volunteer work and periods of employment; do not omit any employers. Explain any gaps in employment in comment section. If you are submitting a resume, you are still required to provide the requested information in the space provided.

Current/Former Employer	Dates Employed:
Employer Name:	May we contact? YES NO
	If YES, Contact Name
Address:	
Job Title:	
Reason for Leaving:	
Responsibilities:	

Former Employer	Dates Employed:
Employer Name:	May we contact? YES NO
	If YES, Contact Name
Address:	
Job Title:	
Reason for Leaving:	
Responsibilities:	

Former Employer	Dates Employed:
Employer Name:	May we contact? YES NO
	If YES, Contact Name
Address:	
Job Title:	
Reason for Leaving:	
Responsibilities:	



Special Training and Skills:

Please list languages spoken fluently, other than English:

Please list pertinent skills, special training, and equipment you are trained to operate:

Please list any accomplishments, certifications, professional groups of which you are a member or any additional information you would like us to consider:

Professional/Work References:

Please list the name and telephone number of three **professional/work** references who are not related to you.

Name, Company, Address	Telephone Number

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I further understand that any employment that is offered to me will be at-will and that this application does not create or imply a contract for employment.

APPLICANT SIGNATURE

DATE

Emergency Contact:	
Name: _____	Relationship: _____
Address: _____	
Phone Number: _____	