

Please indicate which company and location you are applying for:

Delta Dental of Kentucky
10100 Linn Station Road Louisville, KY
40223

Delta Dental of Michigan 4100
Okemos Road Okemos, MI 48864

Delta Dental of Ohio 550
Polaris Parkway Westerville,
OH 43082

Delta Dental of Indiana
5875 Castle Creek Pkwy. N Dr.
Indianapolis, IN 46250

Delta Dental of Michigan 27500
Stansbury
Farmington Hills, MI 48334

Delta Dental of Tennessee
240 Venture Circle Nashville,
TN 37228

Delta Dental of New Mexico 2500
Louisiana Blvd., NE, Ste. 600
Albuquerque, NM 87110

Delta Dental of North Carolina 343
E. Six Forks Rd., Ste. 180 Raleigh, NC
27609

PLEASE PRINT AND ANSWER ALL QUESTIONS COMPLETELY

POSITION APPLYING FOR _____ DATE OF APPLICATION ____ / ____ / ____

(FULL LEGAL NAME) LAST NAME			FIRST	INITIAL	SOCIAL SECURITY NUMBER	
ADDRESS		STREET	APT. NO.	CITY	STATE	ZIP CODE
Telephone Numbers HOME: WORK: CELL:		REFERRAL SOURCE: <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> DELTA DENTAL EMPLOYEE <input type="checkbox"/> WALK-IN _____ <input type="checkbox"/> OTHER _____			SALARY OR WAGES EXPECTED: (AN AMOUNT <u>MUST</u> BE INDICATED) \$ _____ PER _____	
ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHEN WOULD YOU BE AVAILABLE FOR WORK?	
WERE YOU FORMERLY EMPLOYED BY DELTA DENTAL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? WHERE?		ARE YOU RELATED TO ANYONE EMPLOYED AT DELTA DENTAL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHOM? RELATIONSHIP:			ARE YOU RELATED TO A DENTAL PROFESSIONAL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHOM? RELATIONSHIP:	
HAVE YOU EVER ATTENDED SCHOOL OR BEEN EMPLOYED UNDER A DIFFERENT NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT NAME DID YOU USE? _____						
ARE YOU LAWFULLY ELIGIBLE TO BE EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO AT ANY TIME WILL YOU REQUIRE SPONSORSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.						
ARE YOU PHYSICALLY AND MENTALLY ABLE TO PERFORM THE ESSENTIAL DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO						
HAVE YOU EVER BEEN CONVICTED OF ANYTHING OTHER THAN A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:						
ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EDUCATION

	HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE/PROFESSIONAL
SCHOOL NAME			
LOCATION			
DATE ATTENDED			
YEARS COMPLETED			
GED/DIPLOMA/DEGREE RECEIVED			
DESCRIBE COURSE OF STUDY			
LIST VOCATIONAL/TECHNICAL TRAINING, CERTIFICATIONS AND/OR SKILLS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.			

EMPLOYMENT EXPERIENCE LIST ALL JOBS IN ORDER, STARTING WITH YOUR PRESENT OR LAST. INCLUDE MILITARY SERVICE ASSIGNMENTS.

1	EMPLOYER:	DATES EMPLOYED	
	ADDRESS:	FROM	TO
	TELEPHONE:		
	JOB TITLE:	HOURLY RATE/SALARY	
	WORK PERFORMED:	STARTING	FINAL/PRESENT
		BONUS: \$ _____ PER _____	
	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR LEAVING:			
2	EMPLOYER:	DATES EMPLOYED	
	ADDRESS:	FROM	TO
	TELEPHONE:		
	JOB TITLE:	HOURLY RATE/SALARY	
	WORK PERFORMED:	STARTING	FINAL
		BONUS: \$ _____ PER _____	
	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR LEAVING:			

EMPLOYMENT EXPERIENCE (CONTINUED)

3	EMPLOYER:	DATES EMPLOYED	
	ADDRESS:	FROM	TO
	TELEPHONE:		
	JOB TITLE:	HOURLY RATE/SALARY	
	WORK PERFORMED:	STARTING	FINAL
		BONUS: \$ _____ PER _____	
	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	REASON FOR LEAVING:		
4	EMPLOYER:	DATES EMPLOYED	
	ADDRESS:	FROM	TO
	TELEPHONE:		
	JOB TITLE:	HOURLY RATE/SALARY	
	WORK PERFORMED:	STARTING	FINAL
		BONUS: \$ _____ PER _____	
	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	REASON FOR LEAVING:		
5	EMPLOYER:	DATES EMPLOYED	
	ADDRESS:	FROM	TO
	TELEPHONE:		
	JOB TITLE:	HOURLY RATE/SALARY	
	WORK PERFORMED:	STARTING	FINAL
		BONUS: \$ _____ PER _____	
	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	REASON FOR LEAVING:		

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY PREVIOUS EMPLOYMENT? YES NO
 IF YES, PLEASE EXPLAIN _____

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT: _____

1. In consideration of any employment of me by your Company, I agree that my employment is at the will of the Company, which means that the Company has the right to discharge me or lay me off at any time, with or without cause, and with or without notice. It is expressly agreed and understood that this is the entire agreement between the Company and myself on the subject of discharge, termination and/or layoff, and that this agreement may be changed only by an agreement in writing signed by the President of the Company and addressed specifically to me.
2. I hereby authorize a drug screening and an investigation of my credit history, criminal history, past employment activities and statements contained in this application and specifically authorize the Company and its agents to consult with all third parties with whom or which I have been associated concerning my history and qualifications, or with all third parties who may have information bearing thereon and to receive and utilize any information which may be material to my history and qualifications. I hereby release all third parties who provide information to the Company with or without notice to me, from all liability for the transmittal of any information bearing on my history and qualifications, in connection with any such request. I further authorize and release the Company from all liability for forwarding to any other entity to which I may apply for employment, any information concerning me and/or my history and qualifications as the Company has at the time of my application for employment or hereafter acquires. I further release from all liability all third parties for any statements made or any actions taken in connection with this application or any other applications made simultaneously herewith, or in connection with any other form of review of my history and qualifications. I hereby waive all notices regarding the release of any disciplinary reports, letters of reprimand, or other disciplinary actions, to which I may otherwise be entitled under any applicable state law.

Initials

Date

3. I will hold in the strictest confidence and will not disclose directly or indirectly to any unauthorized person(s), without first obtaining written permission from the Company, any confidential information concerning the Company including, but not limited to the Company's: business model, corporate structure, strategies, affiliations, projects, plans, designs, trademarks, copyrights, patents, inventions, trade secrets, claim processes, sales promotions, customer list, customer data (including protected health information), financial statements, supplier lists and marketing. I hereby understand and acknowledge that my agreement to maintain the confidentiality of said confidential information shall survive the termination of any relationship with the Company. In the event of a breach of this provision, I consent to the entry of a temporary restraining order and preliminary injunction by a court of competent jurisdiction and understand that the Company may seek further remedies against me including, but not limited to, the recovery of monetary damages.
4. I certify that all information submitted by me in this application is true and correct and understand that if any such information is found to be false or otherwise incorrect, it may result in rejection as an applicant or disciplinary action against me up to and including discharge from employment.
5. Except as provided in paragraph 3 above, I agree that any claims arising out of, or in connection with, any aspect of employment with the Company, or any termination thereof, including, but not limited to, any claim for tort, breach of express or implied contract, alleged civil rights violations, employment discrimination of any kind including on the basis of any protected category under federal or state law, retaliation, wrongful discharge, entitlement to overtime pay, and sexual harassment, shall be exclusively subject to binding arbitration, in accordance with the rules of the American Arbitration Association.
6. **I AGREE THAT ANY ARBITRATION, ACTION OR SUIT AGAINST THE COMPANY ARISING OUT OF MY EMPLOYMENT OR TERMINATION OF EMPLOYMENT, INCLUDING, BUT NOT LIMITED TO, CLAIMS ARISING UNDER STATE OR FEDERAL CIVIL RIGHTS STATUTES, MUST BE BROUGHT WITHIN 180 DAYS OF THE EVENT GIVING RISE TO THE CLAIMS OR BE FOREVER BARRED. I WAIVE ANY LIMITATION PERIODS TO THE CONTRARY. I UNDERSTAND THAT MY AGREEMENT HEREIN CONSTITUTES A WAIVER OF MY RIGHT TO ADJUDICATE SUCH CLAIMS AGAINST THE COMPANY IN STATE AND FEDERAL COURTS.**
7. This arbitration agreement does not (i) constitute a waiver of employees' collective rights under Section 7 of the National Labor Relations Act, including the employees' right concertedly to pursue any covered claim before a state or federal court on a class, collective, or joint action basis; (ii) that the Company recognizes the employees' right concertedly to challenge the validity of the forum waiver agreement upon such grounds as may exist at law or in equity; and (iii) that no employee will be disciplined, discharged, or otherwise retaliated against for exercising their rights under Section 7. I further understand and agree that:
 - (1) The arbitrator may fashion relief as permitted by applicable law or statute, including the award of damages available there under.
 - (2) This arbitration agreement shall not be construed so as to deprive either me or the Company of any substantive right, remedy, or defense available under any applicable state or federal statute.
 - (3) This arbitration agreement shall be construed so as to provide me and the Company: (a) the right to representation by counsel; (b) reasonable discovery; (c) a fair hearing; (d) a neutral arbitrator; and (e) a written arbitration decision which contains findings of fact and conclusions of law; and
 - (4) The decision of the arbitrator shall be final and binding on me and the Company, and that judgment upon the award rendered by the arbitrator may be entered and is enforceable by a court of competent jurisdiction.

Initials

Date

I hereby acknowledge that I have read and understood the above statements and agree to the same.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF WITNESS

DATE