



# Northeast Delta Dental Employment Application



Best Small Company to Work for in America—2004, 2005, 2006, 2007, & 2008  
Society for Human Resource Management and  
Great Place to Work® Institute, Inc.

President & CEO Tom Raffio—Best Boss 2005  
Winning Workplaces

One of the 10 Best Companies to Work for in NH—1998 - 2002  
*Business NH Magazine* and  
NH Businesses for Social Responsibility

Business of the Year—1997 & 2001  
*Business NH Magazine* and  
NH Association of Chamber of Commerce Executives

Torch Award for marketplace ethics—2001  
The Better Business Bureau of New Hampshire

Granite State Quality Achievement Award—2000  
Granite State Quality Council

One Delta Drive • PO Box 2002 • Concord, NH • 03302-2002  
603-223-1000 • [www.nedelta.com](http://www.nedelta.com)

Northeast Delta Dental is an Equal Employment Opportunity Employer

Position/s

Date

middle initial

first

last

Name

## Employment Application

Date \_\_\_\_\_ Date available \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ SS # \_\_\_\_\_

Salary/hourly rate desired \_\_\_\_\_ Employment desired  Full-time  Part-time  Temporary

E-mail address \_\_\_\_\_

**Are you:**

- yes  no Over the age of 18? (If no, you may be required to provide work authorization)
- yes  no A previous employee of Northeast Delta Dental? When? \_\_\_\_\_ to \_\_\_\_\_
- yes  no Legally permitted to work in the United States?
- yes  no A licensed driver? (Answer only if required of position for which you are applying)
- yes  no Are you currently employed? If yes, why do you wish to make a change? \_\_\_\_\_

Have you ever been convicted of any crime/s that were not annulled in a court? (List all except minor traffic violations such as parking tickets)  yes  no If yes, state citations, dates, courts, and places where offense/s occurred.

## Additional Qualifications

What knowledge, special technical or computer skills, and/or individual capabilities do you have which especially prepare you for the position for which you are applying?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Military:** Branch of service \_\_\_\_\_ Dates of service, from \_\_\_\_\_ to \_\_\_\_\_

List duties in the service, including schools and training \_\_\_\_\_

## Education and Training

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE MAJOR	CIRCLE LAST YEAR COMPLETED	GRADUATE?	LIST DEGREE/S
High School			9 10 11 12	<input type="checkbox"/> Y <input type="checkbox"/> N	
College			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Trade/Technical			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Post Graduate			5 6 7 8	<input type="checkbox"/> Y <input type="checkbox"/> N	

## Work Experience

**Note:** Starting with most recent position, furnish all information requested. Please provide a complete employment history including explanations for each period of unemployment. A resumé providing this information may be attached as a supplement, but **not** in lieu of completing the information requested.

Present/Last Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Supervisor (Name/Position) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Last Salary/Rate \_\_\_\_\_ Job Title \_\_\_\_\_

Description of Job and Duties \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Previous Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Supervisor (Name/Position) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Last Salary/Rate \_\_\_\_\_ Job Title \_\_\_\_\_

Description of Job and Duties \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Previous Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Supervisor (Name/Position) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Last Salary/Rate \_\_\_\_\_ Job Title \_\_\_\_\_

Description of Job and Duties \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Have you ever been discharged or asked to resign from any job?  yes  no

If yes, identify employer and explain \_\_\_\_\_

\_\_\_\_\_

## Additional Information

### Place a check to indicate source of referral:

- Advertisement — Name of publication \_\_\_\_\_
- Employee — Name of employee \_\_\_\_\_
- Employment agency — Name of employment agency \_\_\_\_\_
- Internet — Name of Web site \_\_\_\_\_
- Other \_\_\_\_\_

## Application Agreement and Certification

### I understand and agree that:

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resumé, or any other materials, or during any interviews, can be justification for refusal of employment or, if discovered once employed, the termination of my employment with Northeast Delta Dental.

Any offer of employment I may receive from Northeast Delta Dental is contingent upon my successful completion of the Company's pre-employment screening process, including, but not limited to, the Company's soliciting and receiving background information and references.

In processing my application for employment, the Company may verify all the information provided by me, or may procure, with my consent, information concerning my prior employment, military record, education, driving record and criminal record, if necessary for the position for which I have applied.

I authorize and request that all of my present and former employers, including supervisors and managers, and any other individuals I have listed as personal references, furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

I agree to comply with the policies, rules, regulations, and procedures of the Company and understand that my employment and compensation can be terminated with or without cause, reason, or advance notice, at any time, at the option of either the Company or myself. I further understand that no manager or representative of the Company, other than the President or Vice President, Human Resources, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

All qualified applicants receive consideration for employment without regard to race, color, religion, gender, pregnancy, sexual orientation, age, national origin, disability, marital, veteran, or any other legally protected status.

## Release Form - Employment References

### Please print:

Date \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Please list any other name(s) by which you have been known in the past \_\_\_\_\_

I authorize my current and/or previous employers to furnish Northeast Delta Dental the information requested in the reference check that Northeast Delta Dental's Human Resources representative may conduct. I further promise to hold said current and/or previous employer/s, its employees and officers harmless for any statements made herein.

Social Security number \_\_\_\_\_ Signature \_\_\_\_\_

### Please check:

- Yes  No I authorize Northeast Delta Dental, One Delta Drive, PO Box 2002, Concord, NH 03302, to contact any **former** employer to obtain any data necessary to support this application.
- Yes  No I authorize Northeast Delta Dental, One Delta Drive, PO Box 2002, Concord, NH 03302, to contact my **present** employer to obtain any data necessary to support this application.

## Additional Information

1. In less than 100 words, please tell us why you would like to be employed by Northeast Delta Dental:

2. In less than 100 words, please explain how your personal values align with those of Northeast Delta Dental:

Name \_\_\_\_\_ Date \_\_\_\_\_  
last first middle initial

## Employment Application Supplement

Northeast Delta Dental is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Northeast Delta Dental invites candidates for employment to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations. This information will be separated from your employment application before you are considered for a position with Northeast Delta Dental.

All qualified applicants receive consideration for employment without regard to race, color, religion, gender, pregnancy, sexual orientation, age, national origin, disability, marital, veteran, or any other legally protected status.

**Please provide the following information:**

1. **Gender**     Male     Female

2. **Please identify yourself in terms of the racial/ethnic groups listed below by checking the appropriate box:**

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American origin, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

3. **How did you hear about this job?** \_\_\_\_\_

4. **If you saw this position advertised, tell us where you saw the ad** \_\_\_\_\_

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**Please print:**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

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