## **ELEVATE ORAL CARE, LLC**

346 Pike Rd, Suite 5 West Palm Beach, FL 33411 Tel 1-877-866-9113 Fax 1-561-244-1927

## APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Please fill out form co	mpletely		DATE		
Name					
,	Last	First	Middle		
Present address					
	Number	Street C	ity State Zip		
How long at present add	dress				
		Telep	hone ()		
		Socia	I Security No		
If less than 2 years, plea	ase provide previous add	ress.			
•					
Previous address					
Fievious addiess	Number		City State Zip		
How did you hear about	this job?				
Are you legally eligible f	or employment in the Uni	ted States?			
Position applied for					
Salary required:					
Date available for work:					
Date available for work.					
Employment desired					
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS	MAJOR &	
		(Complete mailing address)	COMPLETED	DEGREE	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED O	F A CRIME?	□ No	☐ Yes	
If yes, explain number of conviction(s), na committed, sentence(s) imposed, and typ				
Driver's license				
number	State of issue	<b></b>		
Expiration date				
Any violations? Yes No				
•				
Please list two references other than relate	tivos or provious o	mployoro		
Please list two references other than relati	ives of previous e	mpioyers.		
Name		Name		
Position		Position		
Company		Company		
Address		Address		
		_		
Telephone ()		Telephone	()	
An application form sometimes makes it of	difficult for an indiv	idual to adequate	ely summarize a con	mplete background. Use the
space below to summarize any additional	information neces	ssary to describe	your full qualificatio	ns for the specific position for
which you are applying.				

HAVE YOU EVER BEEN IN THE ARMED FORCES?  ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Date Entered  Discharge Date  Work  Please list your work experience for the past five years beginning with your most recent job held.  Experience  If you were self-employed, give firm name. Attach additional sheets if necessary.  Name of employer  Address  City, State, Zip Code  Phone number  Reason for leaving (be specific)  List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company  Name of employer  Address  Name of employer  Address  Name of last supervisor  From Start To Final  Name of last supervisor  From Start To Final  Your Last Job Title  Reason for leaving (be specific)  List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company  To Final  Your Last Job Title  Reason for leaving (be specific)  List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company						
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Date Entered   Discharge Date	HAVE YOU EVER BEEN IN THE ARMED FORCE	ES? □ Ye	s □ No			
Name of employer Address   Name of leaving (be specific)	ARE YOU NOW A MEMBER OF THE NATIONAL	GUARD?	□ Yes □	No		
Name of employer   Name of leaving (be specific)	Specialty	Date Entered		Discharge Date	e	
Name of employer Address   Name of last supervisor   Start Final		-				
Address City, State, Zip Code Phone number  From To Start Final  Your last job title  Reason for leaving (be specific)  List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company  Name of employer Address City, State, Zip Code Phone number  Name of last supervisor  From To Start To Start Final  Your Last Job Title  Reason for leaving (be specific)					job held.	
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Address City, State, Zip Code Phone number  From Start To Final  Your Last Job Title  Reason for leaving (be specific)						
Phone number  To Start  To Final  Your Last Job Title  Reason for leaving (be specific)				Employment dates	Pay or salary	
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Work experience	,						
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			Your last job title				
Reason for leav	ing (be specific)						
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Name of employ Address			Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip ( Phone number	Code			From	Start		
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			Your last job title	Your last job title			
Reason for leav	ing (be specific)						
List the jobs you	ı held, duties performed, skil	Is used or learn	ed, advancements or pro	motions while you wor	ked at this company.		
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Are you subject	to any restrictions that would	d prohibit you fr	om working for Flevate (	Oral Care in the position	n of		
	to any restrictions that would	a promott you ii	om working for Lievale C	oral care in the position			
□ Yes □ No							
May we contact	your present employer?	☐ Yes ☐ No	)				
Did you complet	te this application yourself	☐ Yes ☐ No	)				
If not, who did?							

## PLEASE READ CAREFULLY

I agree that: Neither the acceptance of this application nor the subsequent en relationship, either in the position applied for or any other position, and regardl handbooks, personnel manuals, benefit plans, policy statements, and the like time, or other Company practices, shall serve to create an actual or implied confer any right to remain an employee of, or otherw employment-at-will relationship between it and the undersigned, and that relative except by a written instrument signed by the President /General Manager of tundersigned and may end the employment relationsh notice or reason. If employed, I understand that the Company may unilateral benefits, policies and procedures and such changes may include reduction in	ess of the contents of employee as they may exist from time to ontract of employment, or to ise to change in any respect the tionship cannot be altered he Company. Both the hip at any time, without specified lly change or revise their
I authorize investigation of all statements contained in this application. I und misrepresentation or omission of facts called for is cause for dismissal at any t I hereby give the Company permission to contact schools, previous employer references, and others, and hereby release the Company from any liability as	ime without any previous notice. s (unless otherwise indicated),
Signature of applicant	Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Please complete and email or fax a copy of this form to:

VMARTINEZ@ELEVATEORALCARE.COM

1-561-244-1927