



Delta Dental of California and Delta Dental Insurance Co. ("Delta Dental") are each an Equal Opportunity and Affirmative Action Employer. Delta Dental prohibits discrimination on the basis of race, color, religion, creed, national origin, ancestry, citizenship, sex, sexual orientation, gender identity, age, marital status, military or veteran status, physical or mental disability, genetic characteristics, genetic information, medical condition, or any other basis protected by federal, state or other applicable law. It is also the policy of Delta Dental to provide reasonable accommodations to job applicants and employees with disabilities as necessary except where doing so will result in an undue hardship. Please inform the company's human resources representative if you wish to request a reasonable accommodation during the job application process.

**PERSONAL INFORMATION**

Last Name		First	Middle	Date
Street Address		Email		Phone ( )
City, State, Zip		Alternate Phone ( )		
Were you previously employed by Delta Dental? <input type="checkbox"/> Yes <input type="checkbox"/> No From _____ to _____ Position/Dept. _____ State your name at that time if different from present name _____				Social Security No.
Position Desired 1 <sup>st</sup> choice _____ 2 <sup>nd</sup> choice _____				Salary Expected
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____				Will you work overtime if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you, after employment, submit verification of your identity and legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				When will you be able to begin work?
Are you related to anyone in our employment? If so, state name and department.				
<p>The Violent Crime Control and Law Enforcement Act of 1994 (18 U.S.C. § 1033(e)) ("the Act") prohibits Delta Dental from hiring, without the consent of the relevant state insurance department, any person convicted of a felony involving dishonesty or a breach of trust, or who has been convicted of an offense under the Act, to participate in the business of insurance affecting interstate commerce. To the extent permitted by law, all potential hires will be subject to a criminal background check on or before an offer of employment. Such inquiries are limited to convictions for which exclusion would be job-related for the position in question and consistent with business necessity. Unless otherwise prohibited by law, Delta Dental will consider qualified job applicants with arrest and conviction records.</p> <p>Are you currently out on bail or released on your own recognizance pending trial? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of a felony or misdemeanor, other than minor traffic offenses, within the last seven (7) years? [Do not disclose any convictions for which the records were expunged, annulled, erased, or sealed. For California, do not list convictions for marijuana-related offenses for personal use more than two years old.] <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list each and every conviction, including the nature of the crime, the date of conviction, the name and location of the court, and any penalties imposed against you. The Company requests full disclosure by you. Attach additional sheets to this application, if necessary, in order to answer this question completely.</p>				

**EDUCATION**

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DEGREE, DIPLOMA OR CERTIFICATE OBTAINED
High School			
College			
Technical/Vocational			
Other			
Additional job-related seminars, short courses, workshops, or other educational experiences:			

## EMPLOYMENT RECORD

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1

Name		Type of Industry	
Address		Employed from — Month & Year	Department
	Telephone No. (      )	Employed to — Month & Year	Your Responsibilities
Title of Your Last Position		Salary at Starting	
Immediate Supervisor		Salary at Leaving	
Reason for Leaving			

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Name		Type of Industry	
Address		Employed from — Month & Year	Department
	Telephone No. (      )	Employed to — Month & Year	Your Responsibilities
Title of Your Last Position		Salary at Starting	
Immediate Supervisor		Salary at Leaving	
Reason for Leaving			

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Name		Type of Industry	
Address		Employed from — Month & Year	Department
	Telephone No. (      )	Employed to — Month & Year	Your Responsibilities
Title of Your Last Position		Salary at Starting	
Immediate Supervisor		Salary at Leaving	
Reason for Leaving			

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Name		Type of Industry	
Address		Employed from — Month & Year	Department
	Telephone No. (      )	Employed to — Month & Year	Your Responsibilities
Title of Your Last Position		Salary at Starting	
Immediate Supervisor		Salary at Leaving	
Reason for Leaving			

Have you ever been involuntarily terminated from any position for a reason other than a layoff or reduction-in-force?

☐ Yes    ☐ No; Please explain:

Delta Dental may contact the employers listed above unless you indicate those you do not want us to contact.

**Do not contact:**

Employer Number(s) \_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_

Please describe any additional information (except that which identifies your race, color, age, religion, creed, national origin, ancestry, sex, gender identity, sexual orientation, physical or mental disability, genetic characteristics, genetic information, or medical condition) that may be relevant to a decision to hire you.

#### REFERENCES

List three individuals who are not your relatives			
Name	Address	Telephone Number	Years Acquainted
1.		( )	
2.		( )	
3.		( )	

#### READ CAREFULLY BEFORE SIGNING

**INVESTIGATION AND REPRESENTATIONS:** I authorize Delta Dental to investigate all statements contained in this application and accompanying resume if any. I understand that any misrepresentation or omission of the facts called for will constitute sufficient reason to cancel this application or, if I have been employed, to terminate my employment. I give Delta Dental permission to contact my schools, all current and previous employers (unless otherwise indicated), and references and release Delta Dental from any liability as a result of such contact. To the extent that I have authorized Delta Dental to contact them, I also authorize my current and former employers, schools and other persons named on this application to provide any information or transcripts requested by Delta Dental. I understand, however, that this is not a request for, nor does it constitute my consent to be subjected to, a background check by a consumer reporting agency, and that I will be provided with a separate, stand alone, disclosure and consent form to sign before Delta Dental requests any such background checks.

**AT WILL EMPLOYMENT:** I understand that if I am hired, except to the extent that a collective bargaining agreement or an individual written employee agreement expressly provides otherwise, or to the extent that applicable law requires otherwise, all employment at Delta Dental is "at will". This means that employment with Delta Dental is for no definite period and that both employees and Delta Dental have the right to terminate employment at any time, with or without advance notice, and with or without cause. With the exception of the collective bargaining process, no one other than an Officer of Delta Dental has the authority to change this arrangement, to enter into an agreement for employment for a specified period of time, or to make any agreement contrary to the "at will" employment policy, and that any such change must expressly alter my at will employment status, must be in writing, and must be signed by both the Officer and by me. Unless required by law, outside of the collective bargaining process, no other statement, document, conduct, policy or practice can alter an employee's at will employment status with Delta Dental.

**Certification of Accuracy:** I certify, under penalty of perjury, that to the best of my knowledge the information provided by me in this application is accurate and truthful and that the representations made by me in this application are also accurate and truthful.

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

**NOTE:** This application will remain active for 6 months.

**TO BE COMPLETED BY HUMAN RESOURCES**

Test Administered	Passing Score	Applicant's Score	Date	Administered By	Comments

	Out-standing	Very Good	Good	Fair	Poor	Comments
<input type="checkbox"/> Job Knowledge and Skills						
<input type="checkbox"/> Experience						
<input type="checkbox"/> Organizational Skills						
<input type="checkbox"/> Communication Skills — Oral						
<input type="checkbox"/> Communication Skills — Written						
<input type="checkbox"/> Inter-personal Skills						
<input type="checkbox"/> Initiative, Drive, Resourcefulness						
<input type="checkbox"/> Stability						
<input type="checkbox"/> Leadership						
List applicant's strong points for this position. _____						
List applicant's weak points for this position. _____						
OVERALL RATING — Check one <input type="checkbox"/> Outstanding <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor						
Recommendation to Employ <input type="checkbox"/> Yes <input type="checkbox"/> No      Rated by _____ Date _____						

**MUST BE COMPLETED, WHERE APPLICABLE, BY HIRING DEPARTMENT UPON INTERVIEW**

	Out-standing	Very Good	Good	Fair	Poor	Comments
<input type="checkbox"/> Job Knowledge and Skills						
<input type="checkbox"/> Experience						
<input type="checkbox"/> Organizational Skills						
<input type="checkbox"/> Communication Skills — Oral						
<input type="checkbox"/> Communication Skills — Written						
<input type="checkbox"/> Inter-personal Skills						
<input type="checkbox"/> Initiative, Drive, Resourcefulness						
<input type="checkbox"/> Stability						
<input type="checkbox"/> Leadership						
List applicant's strong points for this position. _____						
List applicant's weak points for this position. _____						
OVERALL RATING — Check one <input type="checkbox"/> Outstanding <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor						
Recommendation to Employ <input type="checkbox"/> Yes <input type="checkbox"/> No      Rated by _____ Date _____						
Date Employed	Department No.	Job Title	Grade	Salary	Supervisor	