

WORK EXPERIENCE VERIFICATION FORM (submit with application packet)

To verify an applicant's prior work experience, it is required to submit an employer verification form for each record of employment entered on the application.

APPLICANT'S NAME :(Please print clearly) _____

Work/Volunteer/Community Service Experience Dates: from _____ to _____

Total hours/years _____ worked at this position.

Please read the descriptions below and indicate by circling the points that most closely describe the hours of your work experience.

CHOOSE ONE CATEGORY IN WORK	Points
1. Work Experience CHOOSE ONE CATEGORY (copy of employment verification form required)	
Full-time Dental Related employment (min 2 years)	20
Full-time/Part-time Dental Related employment (min 1 years)	15
Full-time health care employment (min 2 year)	15
Full-time/Part-time health care employment (min 1 year)	10
Full- time NON health care work experience (min 1 year)	10
Part-time NON health care work experience (min 1 year)	8
Dental Related Volunteer/Community Service work (100 hours minimum)	6
General Volunteer/Community Service work (100 hours minimum)	5

Dental (primary role) Please provide dental care position and major responsibilities.(may use separate page)

Health Care (primary role) Please provide health care position and major responsibilities.(may use separate page)

Community Project/Volunteer Provide information and responsibilities of work (may use separate page)

My signature below verifies this to be an accurate reflection of the applicant's work experience and total hours worked in this position.

Supervisor's NAME (PRINTED): _____

Supervisor's Signature: _____ **Date:** _____

Office Address: _____ City _____ State _____ Zip _____

Office Phone # ____ / ____ / _____

FOR OFFICE USE ONLY: VERIFIED: YES NO

DATE: _____ INITIALS: _____ Updated 02/1/17rb