

(Supplement to Employment Application)

## **Important Information To Know Before Filling Out An Application for Employment With HAWAII DENTAL GROUP, INC.**

1. All areas of the application must be filled out completely and accurately. Please fill in the required information directly on the application and do not indicate “see resume”.
2. If you are offered a position with Hawaii Dental Group, Inc. be aware that we may verify all of the information that you have written on the application, as well as your resume. If there is a discrepancy in your information, the job offer may be withdrawn. It is important to be sure that what you have written is correct.
3. If you have any questions about completing the application, it is important to please ask the Hawaii Dental Group, Inc. representative who has been assisting you.

Thank you for your cooperation.

\*\*\*\*\*

### **Applicant Acknowledgement**

My signature below indicates that I have read and understand the importance of supplying accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn if any of the information is not correct.

---

Signature of Applicant

---

Date