

Application for Employment



For what position are you applying for? _____

Names: _____

Telephone: Home () _____ Cell () _____

Other () _____ SS# _____

Address: _____

Street

City

State

Zip

Are you legally authorized to work in the United States? Yes No

Have you ever been convicted of a crime? Yes No Answering "Yes" does not constitute an automatic bar to employment.

This application covers both clinical and office staff and some areas may not apply to everyone.

EXPERIENCE AND SKILLS

Do you have experience in the following: (Check the last column space if NOT within the last 3 years)

	Yes	No	# of Yrs.	3 or > yrs. ago		Yes	No	# of Yrs.	3 or > yrs. ago
Typing (W.P.M. ____)					Fixed appliance removal				
Computerized Scheduling					Fit lingual arches and headgear				
Computerized Bookkeeping					Take X-Rays				
Account Collections					Pour and trim models				
Account payables					Fabricate appliances				
Treatment presentation					Trace cephs				
Fee presentation					Bend wires				
Insurance processing					Plaque control instructions				
Charting					Fit bands				
Dental Terminology					Form archwires				
Heat Sterilization					Take impressions				

INDICATE CURRENT DENTAL CERTIFICATIONS OR LICENSES ALONG WITH NUMBER OF YEARS

1. X-Ray ___/___ 2. CDA ___/___ 3. EDDA/LDA ___/___ 4. RDH ___/___ 5. DH/EF ___/___

6. Coronal polish ___/___ 7. Expanded function LDA ___/___ 8. Others _____/_____

EDUCATION		
Last High School Attended	Location	Last Grade Completed

COLLEGE, TRADE SCHOOL OR SPECIAL TRAINING			
Name of school	Location	Degrees/Certificate	Major

When can you start? _____ Salary requirement per hour: _____

Have you given notice to your present employer? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Have you ever been bonded? _____ Yes _____ No if yes, please explain _____

Do you know of any reason why you cannot be bonded? _____ if yes, explain _____

PREVIOUS EMPLOYMENT	
List present, or most recent, position first. Please cover last 10 years of employment, Resume may be substituted for employment history.	
Name of Employer	Your last name while employed
Address	Telephone Number ()
Position <input type="checkbox"/> Office Manager <input type="checkbox"/> Receptionist <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Dental Asst. <input type="checkbox"/> Hygienist <input type="checkbox"/> Lab Tech <input type="checkbox"/> other	
Description of your job:	
Date Hired	Date separated Length of employment _____ years _____ months
Salary when hired	Salary at separation
Reason for leaving	
Supervisor's Name	Title: Phone Number ()

Name of Employer		Your last name while employed	
Address		Telephone Number ()	
Position <input type="checkbox"/> Office Manager <input type="checkbox"/> Receptionist <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Dental Asst. <input type="checkbox"/> Hygienist <input type="checkbox"/> Lab Tech <input type="checkbox"/> other			
Description of your job:			
Date Hired	Date separated	Length of employment _____ years _____ months	
Salary when hired		Salary at separation	
Reason for leaving			
Supervisor's Name		Title:	Phone Number ()

Please add additional employer history on separate page or resume

In addition to your work experience, what other experiences, skills, qualifications especially prepare you to work in our office?

REFERENCES Please provide the name and contact information of 3 professional references that we may contact.

Name _____ Title _____ Years Known _____
Employer _____ Address _____
Phone () _____ Alternate Phone () _____

Name _____ Title _____ Years Known _____
Employer _____ Address _____
Phone () _____ Alternate Phone () _____

Name _____ Title _____ Years Known _____
Employer _____ Address _____
Phone () _____ Alternate Phone () _____

Recognize your right to terminate your employment at will, whenever you choose for any reason. This practice reserves to itself the same right.

I understand the information on this application is subject to verification, and I further understand that any false statements or omissions may be cause for dismissal if hired.

Signature of applicant _____

Date _____