

Dental Employment Application

Date: _____ What position are you applying for? _____

| | |
|---|-----------------------|
| Name: | Telephone: (home) |
| Address: (number, street, city, state, zip) | Telephone: (business) |
| Social Security Number | Telephone: (cell) |
| Do you have legal right to work in the US? YES NO | Email Address |
| Work Permit: Type of Verification: | |
| Are you: Left Handed Right Handed | |

If you are bilingual, which languages do you:

Speak _____ Read _____ Write _____

Experience and Skills

Have you had experience in the following:

| | Yes | No | Fair | Good | Excellent |
|----------------------------|-----|----|------|------|-----------|
| Typing | | | | | |
| Computerized bookkeeping | | | | | |
| In-home computer | | | | | |
| Ten-key adding machine | | | | | |
| Account collections | | | | | |
| Treatment presentation | | | | | |
| Fee presentation | | | | | |
| Dental terminology | | | | | |
| Insurance processing | | | | | |
| Appointment Scheduling | | | | | |
| Dental charting | | | | | |
| CPR training | | | | | |
| Procedure tray setups | | | | | |
| Four handed dentistry | | | | | |
| Six handed dentistry | | | | | |
| Take, develop, mount xrays | | | | | |
| Pour up and trim models | | | | | |
| Coronal polish | | | | | |
| Fabricate temporary crowns | | | | | |

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| | | | | | |
|------------------------------|--|--|--|--|--|
| Cement temporary crowns | | | | | |
| Oral hygiene instruction | | | | | |
| Expanded periodontic skills | | | | | |
| Expanded orthodontic skills | | | | | |
| E.D.D.A. certified by State | | | | | |
| Patterson Eaglesoft Software | | | | | |
| Dexis Digital X-ray Software | | | | | |
| Other: | | | | | |

Education History

| Last high school attended: | Location: | Dates attended: | Degree/Certificate: | Grade completed: |
|---|-----------|-----------------|---------------------|------------------|
| College, trade school, or specialty training: | | | | Major: |
| College, trade school, or specialty training: | | | | Major: |
| College, trade school, or specialty training: | | | | Major: |
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Dental Certificates or Licenses

| | License # | Date earned | State issued |
|----------|-----------|-------------|--------------|
| X-ray | | | |
| CDA | | | |
| EDDA/RDA | | | |
| RDH | | | |
| RDH/EF | | | |

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| | | | |
|----------------|--|--|--|
| Coronal Polish | | | |
| CPR | | | |
| Others | | | |

Post graduate seminars taken in the last 2 years:

Are all certifications current? YES NO

Do you have any physical condition which could (1) limit your ability to perform the job applied for, (2) be aggravated by the job you have applied for? YESNO

If yes, explain: _____

Are you taking medication at the present time that could limit your ability to perform the job applied for? YES NO

Should you be hired, may we have your permission to talk with your physician?

YES NO

Physician's name: _____ **Telephone :** _____

How much work time have you lost because of illness in the last 2 years? _____

Check times willing to work:

- ___ Days
- ___ Evenings
- ___ No. of days per week ___
- ___ Full time
- ___ Part time

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Hours per week _____

Circle days of the week you will NOT be available for work:

Monday Tuesday Wednesday Thursday Friday

Can your future vacations be arranged at office convenience?

YES NO If no, explain: _____

If offered employment, when can you start? _____

Salary requirement: _____

Fringe benefit requirements: _____

Have you ever been convicted of a felony? YES NO

If yes, explain:

A conviction record will not necessarily be a bar to employment.

Employment History

List present or most recent position first. Cover last 7 years, including periods of self-employment, or unemployment. Fill in all information - DO NOT SUBSTITUTE WITH A RESUME

May we contact your current employer? YES NO

| | |
|---------------------------------------|--|
| Name of employer: | |
| Supervisor's name: | |
| Supervisor's title: | |
| Address: | |
| Phone numbers: | |
| Your last name at time of employment: | |
| Position: | |

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| | |
|-------------------------------|--|
| Describe major duties: | |
| Specific reason for leaving: | |
| Employed from: _____ to: | Total years employed: Total months employed: |
| Beginning salary or wages: \$ | Ending salary or wages: \$ |

| | |
|---------------------------------------|--|
| Name of employer: | |
| Supervisor's name: | |
| Supervisor's title: | |
| Address: | |
| Phone numbers: | |
| Your last name at time of employment: | |
| Position: | |
| Describe major duties: | |
| Specific reason for leaving: | |
| Employed from: _____ to: | Total years employed: Total months employed: |
| Beginning salary or wages: \$ | Ending salary or wages: \$ |

| | |
|---------------------|--|
| Name of employer: | |
| Supervisor's name: | |
| Supervisor's title: | |

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| | |
|---------------------------------------|--|
| Address: | |
| Phone numbers: | |
| Your last name at time of employment: | |
| Position: | |
| Describe major duties: | |
| Specific reason for leaving: | |
| Employed from: _____ to: | Total years employed: Total months employed: |
| Beginning salary or wages: \$ | Ending salary or wages: \$ |

Character References (Other than relatives and past employers)

| | |
|--------------------|--|
| Name: | |
| Address: | |
| Telephone numbers: | |
| Email address: | |

| | |
|--------------------|--|
| Name: | |
| Address: | |
| Telephone numbers: | |

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| | |
|----------------|--|
| Email address: | |
|----------------|--|

| | |
|--------------------|--|
| Name: | |
| Address: | |
| Telephone numbers: | |
| Email address: | |

General Agreement

I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment. I understand that all offers of employment are conditioned on my legal authority to work in the United States. In consideration of my employment, I agree to conform to the rules and standards of the practice, as amended from time to time in its discretion.

Authorization to check references

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals who you may contact provide any and all information concerning my previous employment and any other pertinent information that they may have.

Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information as well as from the use or disclosure of such information by the employer or any of its agents, employees, or representatives.

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At-will employment relationship

I agree that my employment can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the employer. I understand that no employee or representative of the practice, other than its owner(s), has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the owner(s) of the practice may not alter the at-will nature of the employment relationship unless it is done specifically and in writing that is signed.

Applicant signature

Date

Please complete the following information in your own handwriting. PLEASE DO NOT PRINT.

1. Describe the responsibilities on your present or last job. Please give a detailed response to this and the following questions.

2. What factors would contribute to your sense of satisfaction on a job?

3. What aspects of working with people do you find enjoyable, and what, if any, do you find less enjoyable?

4. What specific aspects of your education or experience do you consider to be beneficial to this position? PLEASE SIGN YOUR NAME BELOW.

Signature

Date