

Application for Employment



Date _____ Position you are applying for? _____

Name	
Address	
City, State, Zip	
Telephone Numbers	
Email Address	

Do you have the right to work in the U.S.? YES NO

If you are bilingual what additional languages do you know?

Language _____ Speak Read Write

Language _____ Speak Read Write

Experience and Skills. If you have experience in any of the subjects below, please indicate your skill level.

	Fair	Good	Excellent
Typing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account collections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental terminology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointment scheduling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental charting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPR training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedure tray setups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four handed dentistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take, develop, mount X-rays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pour up and trim models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronal polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fabricate temporary crowns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cement temporary crowns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral hygiene instruction (plaque control)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expanded periodontics skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expanded orthodontic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Education History

Colleges, Trade Schools or Specialty Training	
Name	
Location	
Dates Attended	
Degree/Certificate	
Major	
Name	
Location	
Dates Attended	
Degree/Certificate	
Major	
Name	
Location	
Dates Attended	
Degree/Certificate	
Major	

High School Attended	
Location	
Dates Attended	
Grade Completed	

Dental Certificates or Licenses

	License Number	Date Issued	State Issued
X-ray			
CDA			
EDDA/RDA			
RDH			
RDH/EF			
Coronal Polish			
CPR			
Others			

Post graduate seminars taken in the last 2 years

Are all certifications current? YES NO

Availability

Check times willing to work:

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

Please check the days of the week you will **NOT** be available for work:

- Monday Tuesday Wednesday Thursday Friday Saturday

Can your future vacations be arranged at office convenience?

- YES NO If yes, please explain:

If offered employment, when can you start? _____

Fringe benefit requirements:

Character References

Name	
Address	
City, State, Zip	
Telephone Numbers	
Email Address	

Name	
Address	
City, State, Zip	
Telephone Numbers	
Email Address	

Name	
Address	
City, State, Zip	
Telephone Numbers	
Email Address	

Employment History

List present or most recent position first. Cover last 7 years, including periods of self-employment, or unemployment.

Employer Name	
Address	
City, State, Zip	
Supervisors Name	
Supervisor's Title	
Telephone Numbers	
Email Address	
Full Name Employed As	
Position	
Major Duties	
Reason For Leaving	
Employment Dates	

Employer Name	
Address	
City, State, Zip	
Supervisors Name	
Supervisor's Title	
Telephone Numbers	
Email Address	
Full Name Employed As	
Position	
Major Duties	
Reason For Leaving	
Employment Dates	

Employer Name	
Address	
City, State, Zip	
Supervisors Name	
Supervisor's Title	
Telephone Numbers	
Email Address	
Full Name Employed As	
Position	
Major Duties	
Reason For Leaving	
Employment Dates	

Please give a detailed response to the following questions.

1. Describe the responsibilities on your present or last job.

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?

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.

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.

Print Name _____ Date _____