

Application For Employment

PERSONAL INFORMATION

Name _____
first middle last

Address _____
number street

Telephone _____
city state zip
day evening Social security number

If under 18 years of age can you provide required proof of your eligibility to work? _____

What languages can you speak, read or write in addition to English? _____

WORK AVAILABILITY

If offered the position, when could you start? _____

Check times available to work:

Full Time Part Time (number of days per week ____, M T W TH F S) Days Evenings

Salary Requirement (must be completed) _____

Can you travel if required for continuing education or other job-related purposes? yes no

APPLICANT'S ACKNOWLEDGEMENT

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship I enter into with this dental practice is "AT WILL" in nature, meaning that I may resign at any time and my employer may discharge me at any time with or without cause. I also understand that the "AT WILL" relationship may not be changed by any means unless such change is specifically acknowledged and set forth in writing by an authorized representative of this dental practice.

In the event that I be employed by this dental practice, I understand that any false or misleading information given in my application or interviews may result in discharge. I further understand that I am required to abide by all policies, regulations and requirements of this dental practice.

DATE _____ APPLICANT'S SIGNATURE _____

position applied for _____

QUALIFICATIONS

Check if you have experience in the following areas:

Business Skills

- Typing (____ wpm) yes no how long _____
- Which word processing software are you most familiar with? _____
- Bookkeeping (manual ____/computerized ____)
- Which accounting software are you most familiar with? _____
- Accounts Receivable Collections yes no how long _____
- Fee Presentation yes no how long _____
- Insurance Processing yes no how long _____
- Which dental billing software are you most familiar with? _____
- Appointment Scheduling yes no how long _____

Clinical Skills

- Familiar with Dental Terminology yes no how long _____
- Treatment Presentation yes no how long _____
- Charting yes no how long _____
- Trained in CPR* yes no how long _____
- Tray Set-up yes no how long _____
- OSHA Sterilization Requirements yes no how long _____
- Four-Handed Assisting yes no how long _____
- X-Rays - take/develop/mount* yes no how long _____
- Models - pour/trim yes no how long _____
- Temporary Crowns yes no how long _____
- Oral Hygiene Instruction yes no how long _____
- Coronal Polishing yes no how long _____
- Expanded Dental Assisting Skills* yes no how long _____
- Expanded Periodontal/Orthodontal Skills yes no how long _____
- RDA License? yes no how long _____
- Other _____
- * Is certification or licensure current? yes no how long _____
- If not, please explain why _____

EDUCATION

School Name and Location	High School				Undergraduate				Graduate/Professional			
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												

Specialized training and/or continuing education received in last 3 years:

EMPLOYMENT EXPERIENCE

Are you currently employed? yes no May we contact your current employer? yes no

Please begin with your most recent or current position:

Employer	Dates Employed		Responsibilities
	From	To	
Address			
Telephone number(s)		Hourly Rate/Salary	
		Starting Final	
Job Title	Supervisor		
Reason for Leaving			

Employer	Dates Employed		Responsibilities
	From	To	
Address			
Telephone number(s)		Hourly Rate/Salary	
		Starting Final	
Job Title	Supervisor		
Reason for Leaving			

Employer	Dates Employed		Responsibilities
	From	To	
Address			
Telephone number(s)		Hourly Rate/Salary	
		Starting Final	
Job Title	Supervisor		
Reason for Leaving			

List professional, trade, business, or volunteer activities/offices held: (You do not have to list affiliations which reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.)

REFERENCES

Please provide three references you have worked for in a professional capacity who are not related to you:

Name/Title _____ Company _____ Telephone _____

Address _____

Name/Title _____ Company _____ Telephone _____

Address _____

Name/Title _____ Company _____ Telephone _____

Address _____

CAREER GOALS

Please complete the following questions:

1. Why are you attracted to a career in dentistry?
2. What about our organization prompted you to apply for a position here?
3. Describe what you hope your career will look like five years from now.
4. Describe your most favorite former position. Give three reasons that made it your favorite.
5. List five reasons why this dental practice should consider you for employment.
6. Have you ever been convicted of a felony or on probation?