



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 the 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 bi-lingual, what languages do you Speak _____ Read _____ Write _____	

### Experience and Skills

Have you had experience in the following:

What is your skill level?

	Yes	No	Fair	Good	Excellent
Typing					
Computerized bookkeeping					
Microsoft Office					
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 (sedation assisting)					
Trained in emergency management					
Monitor sedation patients					
Pour up and trim models					
Place matrix and orthodontic bands					
Take dental impressions					
Oral hygiene instruction (plaque control)					
Periodontic skills (Specifically Pediatric)					
Expanded orthodontic skills					
DOX Software					
Schick CDR X-ray Software					
Take, develop and mount radiographs					
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:
College, trade school, or specialty training:				Major:

## Dental Certificates or Licenses

	License #	Date earned	State issued
X-ray			
CDA			
EDDA/RDA			
RDH			
RDH/EF			
Hospital Privileges			
CPR			
Others			

Post graduate seminars taken in the last 2 years:

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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? YES NO

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:

- Before 8 am
- After 5 pm
- No. of days per week \_\_\_\_\_
- Full time
- Part time
- 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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 present employer?

YES

NO

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:	
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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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: \$

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**Character References**  
(other than relatives and past employers)

Name:	
Address:	
Telephone numbers:	
Email address:	

Name:	
Address:	
Telephone numbers:	
Email address:	

## Character References

Name:	
Address:	
Telephone numbers:	
Email address:	

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### 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.

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Applicant signature

date

