

EMPLOYMENT APPLICATION

(PLEASE PRINT)

DATE OF APPLICATION _____

APPLYING FOR _____ POSITION IN DENTAL OFFICE

PERSONAL DATA

APPLICANT'S NAME _____
FIRST MIDDLE LAST

ADDRESS _____
STREET CITY STATE ZIP

PHONE # (Home) _____ SOCIAL SECURITY # _____

(Other) _____ WORK PERMIT # _____

Are you currently employed? Yes No

Have you given notice to your present employer? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

On what date would you be available to start work? _____

Are you available to work: Full Time Part Time Temporary

Number or days per week you can work _____

Number of hours per week you can work _____

What days are you not available to work?

(Circle) Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Salary Requirement: _____

Benefit Requirement: _____

What is your anticipated length of employment? _____

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

EDUCATION RECORD

Years Completed (CIRCLE)	High School				Undergraduate Trade School or College				Graduate/Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
School Name and Location												
Diploma/Degree												
Specialized Training	<input type="checkbox"/> X-ray <input type="checkbox"/> CDA <input type="checkbox"/> Expanded Duty <input type="checkbox"/> RDA <input type="checkbox"/> RDH Other: _____											
Seminars & C.E. courses attended in last 2 years	_____ _____											

PROFESSIONAL SKILLS

Check the skills in which you have experience. Write in number of years of experience. Write in the year that you last used this skill in the last column if your experience was prior to three years ago.

Business	Yes	No	number of years	last year used	Clinical	Yes	No	number of years	last year used
Appointment Scheduling, Manual					Charting				
Appointment Scheduling, Computer					Take, Develop, Mount X-rays				
Pegboard Bookkeeping System					Digital Radiography				
Computer Bookkeeping System					Cosmetic Imaging				
Computer Data Entry					Pour & Trim Models				
Typing (No. of WPM _____)					Fabricate Temporary Crowns				
Operating Recall System					4 Handed Assisting (General)				
Billing					Assist Crown/Bridge				
Accounts Payable					Assist Endodontics				
Account Collections					Assist Oral Surgery				
Treatment Presentation					Assist Orthodontics				
Fee Presentation					Assist Operative				
Making Financial Arrangements					Assist Periodontics				
Delinquent Account Contact					Assist Pedodontics				
Insurance Processing					Place Restorations				
Dictation Equipment					Home Care Instructions				
Electronic Claims Transmission					Coronal Polishing				
Other:					Soft Tissue Management				
					PSR (Perio Screening Recording)				
					Intra Oral Camera				

EMPLOYMENT HISTORY

List your present or most recent job first. Cover the last 10 years of employment. Include any job-related military service assignments and volunteer activities. Resume may **not** be substituted. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

PERSONAL INSIGHT

In your previous positions, what duties did you enjoy doing most and why?

In your previous positions, what duties did you enjoy doing least and why?

Describe a career obstacle that you encountered in the past and explain how you overcame it.

Rank the following descriptive words from 1 to 12, with 1 being the most important and 12 being the least important, regarding what you're looking for in employment opportunity.

- | | |
|---|---|
| <input type="checkbox"/> Feedback | <input type="checkbox"/> Hours To Fit My Schedule |
| <input type="checkbox"/> Career Advancement | <input type="checkbox"/> Friendly Co-workers |
| <input type="checkbox"/> New Skills | <input type="checkbox"/> To Be Appreciated |
| <input type="checkbox"/> Performance Objectives | <input type="checkbox"/> Help Patients |
| <input type="checkbox"/> Annual Increases | <input type="checkbox"/> Job Security |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Support |

REFERENCES

Give name, address and phone number of 3 references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

Signature of Applicant _____

Date _____