



Name:		Phone- Home:	
		Cell:	
Address:		Are you at least 18 years old?	
		<input checked="" type="radio"/> Yes <input type="radio"/> No	
		If not, please show work permit	
Social Security Number:		Email:	
Position Applying for?		Dentist <input type="radio"/> Hygienist <input type="radio"/> Assistant <input type="radio"/> Front Office <input type="radio"/> Financial Admin <input type="radio"/>	

Experience and Skills

Office Skills	Yes	No	What is your skill level?			Clinical Skills	Yes	No	What is your skill level?		
			Fair	Good	Exc				Fair	Good	Exc
Typing (words per minute)						CPR Training					
Book Keeping						Tray Setup					
Computerized Book Keeping						Four Handed Dentistry					
Computer						Take Photos					
Ten-Key Adding Machine						Take X-rays					
Account Collections						Pour Up and Trim Models					
Treatment Presentation						Coronal Polishing					
Fee Presentation						Digital Scanning					
Dental Terminology						Fit Bands					
Insurance Processing						Change Archwires					
Phone/Communication						Sterilization					
Appointment Scheduling						Bonding					
Charting						Exp. Orthodontic Skills					
						OSHA & Safety Regulations					

Education

	Name of School	Graduated (Yes or No)	Number of Years	Course or Major
High School				
College				
Special Course or Training				

Dental Certificates or License

	X-RAY	CDA	EDDA/RDA	RDH	Cor.Pol.	CPR	Other
License #							
Date Earned							
State Issued							
Current through date							

General Information

Can you meet the attendance requirements of the job? Yes No

Do you have the required license(s) to perform this job? Yes No

Do you illegally use drugs? Yes No

I can work: Days Evenings From: To: Number of days per week _____ Number of hours per week _____

What days of the week will you **not** be available for work? Monday Tuesday Wednesday Thursday Friday

Date available to start: Can your vacation be arranged at practice convenience? Yes No

If No, please explain:

Salary requirement: Hourly Monthly Fringe benefits required?

Have you been vaccinated for Hepatitis B? Yes No

Have you ever been convicted of a crime other than a traffic violation? Yes No

(NOTE: A conviction is not an automatic bar to employment)

If Yes, please attach explanation of charge(s), court, date, and disposition of case(s).

Employment/Work Experience

Cover last 7 years, including periods of self-employment, or unemployment. Answer all questions here and throughout this employment application form. If additional pages are needed, please attach. Do not substitute with a resume. List present or most recent position first.

Name of employer:	Address (City, State, and Zip)	Phone #:
Employed (Month and Year)	Positions held:	Supervisor's name and title:
From: To:		
Average number of hours worked per week:	Rate of pay: Start: End:	Your last name at time of employment
Describe your duties:		
May we contact this employer? Yes <input type="radio"/> No <input type="radio"/>		
Give specific reason for leaving:		

Name of employer:	Address (City, State, and Zip)	Phone #:
Employed (Month and Year)	Positions held:	Supervisor's name and title:
From: To:		
Average number of hours worked per week:	Rate of pay: Start: End:	Your last name at time of employment
Describe your duties:		
May we contact this employer? Yes <input type="radio"/> No <input type="radio"/>		
Give specific reason for leaving:		

Employment/Work Experience *Continued*

Name of employer:	Address (City, State, and Zip)	Phone #:
Employed (Month and Year) From: _____ To: _____	Positions(s) held:	Supervisor's name and title:
Average number of hours worked per week:	Rate of pay: Start: _____ End: _____	Your last name at time of employment
Describe your duties:		
May we contact this employer? Yes <input type="radio"/> No <input type="radio"/>		
Give specific reason for leaving:		

An Equal Opportunity Employer

General Agreement

I understand that all offers of employment are continued on receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and 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 at the employer's 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 information checked unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the practice may contact, to 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 all liability for any damages that may result for furnishing the practice with such information as well as from the use or disclosure of such information by the employer or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment.

Employment Relationship

If employed, I understand that employment with the practice is not for a specified term and can be terminated "at will", with or without cause, and with or without notice, at any time. The "At Will" employment policy includes all employees including those presently employed by the practice. No employee or representative of the practice, other than the owner, 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 employer may not alter the "At Will" nature of the employment relationship unless it is done specifically and in writing that is signed by the employer, I agree that this constitutes a final and fully binding agreement with respect to the "At Will" nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

Applicant's signature: _____ Date: _____

Application forms will be retained for a periods of six months

Application Form Supplement

Please answer the following. Results are confidential and used for professional purposes only. Information gained from the Employment Application Form, the interview, and references from past employers will all be taken into consideration before any hiring decision is made.

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?

PLEASE SIGN YOUR NAME BELOW

Candidate's Reference List

Job References

1	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
2	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
3	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
4	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
5	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	

Personal References

1	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
2	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
3	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
4	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
5	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	