

**Application for Employment**

For what position are you applying for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Are you legally authorized to work in the United States? Yes No

Have you ever been convicted of a crime? Yes No Answering ‘Yes” does not constitute and

 automatic bar to employment.

This application covers both clinical and office staff and some areas may not apply to everyone.

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| **EXPERIENCE AND SKILLS** |
| Do you have experience in the following: (Check the last column space if NOT within the last 3 years) |
|  | Yes | No | # of Yrs. | 3 or > yrs. ago |  | Yes | No | # of Yrs. | 3 or > yrs. ago |
| Typing (W.P.M.\_\_\_) |  |  |  |  | Fixed appliance removal |  |  |  |  |
| Computerized Scheduling |  |  |  |  | Fit lingual arches & headgear |  |  |  |  |
| Computerized bookkeeping |  |  |  |  | Take X-Rays |  |  |  |  |
| Account collections |  |  |  |  | Pour and trim models |  |  |  |  |
| Account payables |  |  |  |  | Fabricate appliances |  |  |  |  |
| Treatment presentation |  |  |  |  | Trace cephs |  |  |  |  |
| Fee presentation |  |  |  |  | Bend wires |  |  |  |  |
| Insurance processing |  |  |  |  | Plaque control instructions |  |  |  |  |
| Charting |  |  |  |  | Fit bands |  |  |  |  |
| Dental Terminology |  |  |  |  | Form archwires |  |  |  |  |
| Heat Sterilization |  |  |  |  | Take impressions |  |  |  |  |

**INDICATE CURRENT DENTAL CERTIFICATES OR LICENSES ALONG WITH NUMBER OF YEARS**

1. X-Ray \_\_\_/\_\_\_ 2. CDA \_\_\_/\_\_\_ 3.EDDA/LDA\_\_\_/\_\_\_ 4.RDH \_\_\_/\_\_\_ 5. DH/EF \_\_\_/\_\_\_

6. Coronal polish\_\_\_/\_\_\_ 7. Expanded function LDA\_\_\_/\_\_\_ 8. Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

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| **EDUCATION** |
| Last High School Attended | Location | Last Grad Completed |
|  |  |  |
| **COLLEGE, TRADE SCHOOL OR SPECIAL TRAINING** |
| Name of school | Location | Degrees/Certificate | Major |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

When can you start?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary requirement per hour:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you given notice to your present employer? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

May we contact your present employer? \_\_\_\_\_Yes \_\_\_\_\_No

Have you ever been bonded? \_\_\_\_\_Yes \_\_\_\_\_\_No if yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you know of any reason why you cannot be bonded? \_\_\_\_\_\_\_\_\_\_If yes explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| PREVIOUS EMPLOYMENTList present, or most recent, position first, Please cover last 10 years of employment, Resume may be substituted for employment history. |
| **Name of Employer** Your last name while employed |
| Address Telephone Number ( ) |
| Position Office Manager Receptionist Bookkeeper Dental Asst. Hygienist Lab Tech other  |
| Description of your job: |
| Date Hired Date separated Length of employment \_\_\_\_\_\_years \_\_\_\_\_Months |
| Salary when hired Salary at separation  |
| Reason for leaving: |
| Supervisor’s Name Title: Phone Number ( ) |

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| --- |
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| Description of your job: |
| Date Hired Date separated Length of employment \_\_\_\_\_\_years \_\_\_\_\_Months |
| Salary when hired Salary at separation  |
| Reason for leaving: |
| Supervisor’s Name Title: Phone Number ( ) |

Please add additional employer history on separate page or resume

In addition to your work experience, what other experiences, skills, qualifications especially prepare you to work in our office. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**REFERENCES**  Please provide the name and contact information of 3 professional references that we may contact.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Known\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Known\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Known\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Known\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recognize your right to terminate your employment at will, whenever you choose for any reason. This practice reserves to itself the same right.

I understand the information on this application is subject to verification, and I further understand that any false statements or omissions may be cause for dismissal if hired.

Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_