

Application for Employment

Personal Information

Name _____ Date _____

Address _____ D.L. # _____

City / State _____ Zip Code _____ S.S. # _____

Home Phone _____ Work Phone _____ Other _____

Education

High School Attended _____ Year Graduated _____

College Attended _____ Year Graduated _____

Vocational or Trade School _____ Year Graduated _____

Languages Spoken _____

Employment Interests

Clerical Practice Administrator

Bookkeeping Dental Assistant / CDA

Insurance / Account Receivable Registered Dental Assistant / EF

Receptionist Registered Dental Hygienist/ EF/ AP

Other - Please explain _____

Desired Salary _____ Desired Benefits _____

Are you currently licensed by the Board of Dental Examiners? Yes License # _____ No

Indicated additional licenses or certificates:

Radiation Certificate Coronal Polish Certificate Extended Functions Ultrasonic Scaling

Availability

Days Available: Monday Tuesday Wednesday Thursday Friday Saturday

Number of days desired per week _____ Number of hours desired per week _____

If offered a position, when could you begin? _____

Do you have any vacation plans we need to be aware of? _____

If necessary, can you be flexible with your vacation plans? _____

Employment History

Do you know of any reason why you cannot be bonded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
May we contact your current employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please begin with your most recent employer

Employer _____
Address _____
Telephone () _____ Supervisor _____
Job Title _____ Responsibilities _____
Dates Employed _____ through _____
Reason for Leaving _____

Employer _____
Address _____
Telephone () _____ Supervisor _____
Job Title _____ Responsibilities _____
Dates Employed _____ through _____
Reason for Leaving _____

Employer _____
Address _____
Telephone () _____ Supervisor _____
Job Title _____ Responsibilities _____
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Work Experience and Skills

Business

- Filing
- Telephone
- Typing / Keyboarding
- Word Processing
- Dental Software System
 - System Name _____
 - System Name _____
- Dental Insurance Processing
- Electronic Claims Submission
- Treatment Presentation
- Financial Arrangements
 - Aging & Accounts Receivable
- Collections & Delinquent Accounts
- Appointments Scheduling
 - Manual Computer
- Dictation / Transcription WPM
- Dental Terminology

Clinical

- Charting – New / Existing Restorations
- Pocket Charting
- Four or Six Handed Assisting
- X-rays P.A. ___ Pano/Ceph ___ Digital ___
- Pour & Trim Models
- Coronal Polish
- Temporary Crowns
 - Aluminum Custom Acrylic
- Cement Temporary Crowns
- Bases / Temporary Fillings
- Impressions
- Place Matrix Bands / Wedges
- Ultra Sonic Scaler
- Root Planing
- Sealants
- Intra Oral Camera
- Supply Inventory
- OSHA Compliance Training

Specialty Experience

- Orthodontics
- Periodontics
- Pediatrics
- Prosthodontics
- Endodontic
- Oral & Maxillofacial Surgery

Management

- Interview / Hiring
- Supervising
- Counseling / Evaluation / Performance Reviews
- Wage and Benefit Evaluation

What three qualities or assets make you a valuable employee?

1. _____

2. _____

3. _____

How do you envision your role in this practice?

Which of your previous positions did you enjoy the most, and why? _____

Which of your previous positions did you enjoy the least, and why? _____

I certify that all answers given by me on this application are true, correct and complete to the best of my knowledge. I acknowledge that the information contained in this application is subject to verification. I understand that, if hired, 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.

Signature of Applicant

Date