

# APPLICATION FOR DENTAL OFFICE EMPLOYMENT

(1 of 3 pages)

Date \_\_\_\_\_ What position are you applying for? \_\_\_\_\_

Name	First	Middle	Phone: Home ( ) ( )
			Bus. ( ) ( )
Address (Number, City, State, and Zip)			Are you at least age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If no, please show work permit.
Social Security No. _____		Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes; Proof will be required after employment.	

## EXPERIENCE AND SKILLS

	WHAT IS YOUR SKILL LEVEL			WHAT IS YOUR SKILL LEVEL						
	YES	NO	Fair	Good	Exc.	YES	NO	Fair	Good	Exc.
<b>OFFICE SKILLS</b>						<b>CLINICAL SKILLS</b>				
Typing (words per min.)						C.P.R. Training				
Bookkeeping (Pegboard)						Tray Set-up				
Computerized Bookkeeping						Four Handed Dentistry				
Computer						Six Handed Assisting				
Ten-Key Adding Machine						Take, Devel. Mount X-rays				
Account Collections						Pour Up and Trim Models				
Treatment Presentation						Coronal Polish				
Fee Presentation						Fabricate Temp. Crowns				
Dental Terminology						Cement Temp. Crowns				
Insurance Processing						Plaque Control Instructions				
Dictation Equipment						Exp. Periodontic Skills				
Appointment Scheduling						Exp. Orthodontic Skills				
Charting						OSHA & Safety Regulat.'s				

## EDUCATION

	Name of School and Address	Graduated (Yes or No)	Number of Years	Course or Major
Junior High				
High School				
College				
Special Courses Or Training				

## DENTAL CERTIFICATES OR LICENSES

	X-RAY	CDA	EDDA/RDA	RDH	RDH/EF	COR. POL.	C.P.R.
License #							
Date Earned							
State Issued							
Current through (give date)							

**GENERAL INFORMATION**

Can you perform the essential and/or marginal functions of the position for which you are applying with or without reasonable accommodations (*Employers with 15 or more employees attach job description*)?  Yes  No

Can you describe or demonstrate how you would perform the job requirements with or without reasonable accommodations?  Yes  No

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

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

Are you fluent in any other language(s) other than English?  Yes  No If so, which one(s)? \_\_\_\_\_

Do you illegally use drugs?  Yes  No

I can work:  Days  Evenings; From:\_\_\_\_\_ To:\_\_\_\_\_ ; No. of days per week \_\_\_\_ No. of hours per week \_\_\_\_\_

Circle days of the week you will **not** be available for work: MON. TUES. WED. THURS. FRI. SAT. SUN

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

If No, please explain: \_\_\_\_\_

Salary requirement: \_\_\_\_\_Hr. \_\_\_\_\_Mo. 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, Zip):	Phone #:
Employed (Month and Year): From:                      To:	Position(s) held:	Supervisor's name and title:
Average number of hours worked per week:	Rate of pay: Start                      Ending	Your last name at time of employment:
Describe your duties:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		
Give <b>specific</b> reason for leaving:		

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

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

## An Equal Opportunity Employer

**GENERAL AGREEMENT:** I understand that all offers of employment are conditioned 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, either at the option of the employee or the employer. The "At-Will" employment policy includes all employees including those presently employed by the practice. No employee or representative of the practice, other than its 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: \_\_\_\_\_