APPLICATION FOR DENTAL OFFICE EMPLOYMENT

Date: _____ For what position are you applying? _____

Last Name	First	Middle
Address (number, city, state, zip)		Are you at least 18 years old? [ ] Yes [ ] No (if no, please provide work permit)
Cell Phone: (_____)_____ Home Phone: (_____)_____		Do you have the legal right to work in the U.S.? [ ] Yes [ ] No

EXPERIENCE AND SKILLS

OFFICE SKILLS	Yes	No	WHAT IS YOUR SKILL LEVEL? Fair	Good	Exc.	CLINICAL SKILLS	Yes	No	WHAT IS YOUR SKILL LEVEL? Fair	Good	Exc.
Keyboard Skills						CPR Training					
Bookkeeping						Tray Setup					
Computer						4-handed Dentistry					
Word Processing						6-handed Dentistry					
Excel						Take, Process X-rays					
Single/Multi-line Phone Skills						Pour and Trim Models					
OSHA & Safety Regulations						Coronal Polish					
Account Collections						Fabricate Temporary Crowns					
Treatment Presentation						Cement Temporary Crowns					
Fee Presentation						Tooth Whitening					
Dental Terminology						Plaque Control Instructions					
Insurance Processing						Periodontic Skills					
Appointment Scheduling						Orthodontic Skills					
Charting											

EDUCATION

	Name of School and Address	Graduated	# of Years	Course or Major
High School		Y / N		
College		Y / N		
Post Graduate		Y / N		
Special Courses or Training		Y / N		
Additional Special Courses or Training		Y / N		

CERTIFICATES OR LICENSES

	X-RAY	DA	RDA	RDA/EF	RDH	RDH/EF	COR POL	CPR	NITROUS
Certificate/License #									
Date Earned									
State Issued									
Expiration Date									

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GENERAL INFORMATION

Can you fulfill the job duties and responsibilities of the position for which you are applying as they have been described to you, with or without a reasonable accommodation?	**[ ] Yes [ ] No**
Are you available for the work hours required of the position for which you are applying?	**[ ] Yes [ ] No**
Circle the days of the week you will NOT be available to work: **Mon Tue Wed Thu Fri Sat Sun**	
If applicable, do you have the required license(s) to perform the job?	**[ ] Yes [ ] No**
Date available to start?	Salary requirements: $_____ per hour/day/month

EMPLOYMENT / WORK EXPERIENCE

List the last 7 years of employment, self-employment or unemployment—***do not substitute with a resume***. Attach additional pages if needed.

Name of Employer:	Address (number, city, state, zip):	Phone:
Employed: From and To (month and year)		Supervisor's Name:
Average # of Hours Worked Per Week:	Position(s) Held:	Your Last Name at Time of Employment:
Describe Your Duties:		
Give Specific Reason(s) for Leaving:		
May we contact this employer? **[ ] Yes [ ] No**		

Name of Employer:	Address (number, city, state, zip):	Phone:
Employed: From and To (month and year)		Supervisor's Name:
Average # of Hours Worked Per Week:	Position(s) Held:	Your Last Name at Time of Employment:
Describe Your Duties:		
Give Specific Reason(s) for Leaving:		
May we contact this employer? **[ ] Yes [ ] No**		

Name of Employer:	Address (number, city, state, zip):	Phone:
Employed: From and To (month and year)		Supervisor's Name:
Average # of Hours Worked Per Week:	Position(s) Held:	Your Last Name at Time of Employment:
Describe Your Duties:		
Give Specific Reason(s) for Leaving:		
May we contact this employer? **[ ] Yes [ ] No**		

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Describe Your Duties:		
Give Specific Reason(s) for Leaving:		
May we contact this employer? **[ ] Yes [ ] No**		

PLEASE READ THE FOLLOWING AND SIGN BELOW

EQUAL OPPORTUNITY EMPLOYER

We are an equal opportunity employer. We do not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, veteran status, or any other characteristic protected by law.

GENERAL AGREEMENT

If hired, I will provide legal proof of identity and authority to work in the United States. I agree to conform to the rules and standards of the business, as amended from time to time at the employer's discretion. 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. I hereby certify that the information contained in this application form is true and correct to the best of my knowledge.

EMPLOYMENT RELATIONSHIP

If hired, I understand that employment 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. No employee or representative of the business, 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 in writing and 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.

REFERENCE AND BACKGROUND CHECKING

All offers of employment are conditioned upon satisfactory completion of a background and reference check. Qualified applicants may also be required to submit to a pre-employment drug screen and/or medical exam. If these become part of the screening process, I understand I must complete appropriate documentation for these to occur.

Applicant's signature:_____ Date:_____

This application for employment is good for 30 days only.

Consideration for employment after 30 days requires a new application.

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