

Application for Employment

Date	Position applied for
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Personal data

Last name	First name and middle initial	Social security number (Leave blank for office)
Phone number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Other number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Email
Address (number and street)		
City	State	ZIP code
Length of time at this address		

Employment interest <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Preferred start date <input type="checkbox"/> ASAP <input type="checkbox"/> _____	How did you hear about us?
If part time, list specific days/hours you are available		
Monday <input type="checkbox"/> All day From _____ To _____	Tuesday <input type="checkbox"/> All day From _____ To _____	Wednesday <input type="checkbox"/> All day From _____ To _____
Thursday <input type="checkbox"/> All day From _____ To _____	Friday <input type="checkbox"/> All day From _____ To _____	Saturday <input type="checkbox"/> All day From _____ To _____
Can you provide proof of U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, can you provide proof you are authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____	
If necessary to leave our employment, will you give at least three weeks notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expected length of employment	

Education

Name	Dates attended (MM/YY) From _____ To _____	<input type="checkbox"/> High school <input type="checkbox"/> College/university <input type="checkbox"/> Trade/technical training
City	State	Highest grade or degrees/diploma obtained
Name	Dates attended (MM/YY) From _____ To _____	<input type="checkbox"/> High school <input type="checkbox"/> College/university <input type="checkbox"/> Trade/technical training
City	State	Highest grade or degrees/diploma obtained
Name	Dates attended (MM/YY) From _____ To _____	<input type="checkbox"/> High school <input type="checkbox"/> College/university <input type="checkbox"/> Trade/technical training
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Name	Dates attended (MM/YY) From _____ To _____	<input type="checkbox"/> High school <input type="checkbox"/> College/university <input type="checkbox"/> Trade/technical training
City	State	Highest grade or degrees/diploma obtained

Dental certificates/licenses (if applicable)

	X-Ray	CDA	EDDA/RDA/ EFDA	COR. POL.*	RDH	RDH, EF	CPR	Other
License #								
Date earned								
State issued								
Current through (MM/DD/YY)								

Military service (if applicable)

Dates of service (MM/YY) From _____ To _____	Branch
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Work experience

Begin with the most recent employer. Print additional pages if needed.

Employer			Dates employed (MM/YY) From _____ To _____		
Address			City	State	ZIP Code
Title	Hours of employment	Days worked	Usual arrival time	Usual leaving time	
Duties					
Manager's name		Reason for leaving			

Employer			Dates employed (MM/YY) From _____ To _____		
Address			City	State	ZIP Code
Title	Hours of employment	Days worked	Usual arrival time	Usual leaving time	
Duties					
Manager's name		Reason for leaving			

Employer			Dates employed (MM/YY) From _____ To _____		
Address			City	State	ZIP Code
Title	Hours of employment	Days worked	Usual arrival time	Usual leaving time	
Duties					
Manager's name		Reason for leaving			

Employer			Dates employed (MM/YY) From _____ To _____		
Address			City	State	ZIP Code
Title	Hours of employment	Days worked	Usual arrival time	Usual leaving time	
Duties					
Manager's name		Reason for leaving			

Skills and special training

Qualifications and skills	Do you have experience?	If yes, indicate skill level	Comments
Microsoft Word	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Expert	
Microsoft Excel	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Expert	
Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Expert	Words per minute: _____
Bookkeeping	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Expert	
Multi-line phones	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Expert	How many lines: _____
Marketing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Expert	
Appointment scheduling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Expert	
Account collections	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Expert	
Treatment presentation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Expert	
Financial arrangements	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Expert	
Insurance processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Expert	
Dental terminology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Expert	
Dental software	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Expert	Software name: _____
Digital x-ray software	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Expert	Software name: _____
Charting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Expert	
CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Expert	
OSHA & safety regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Expert	

List any job-related skills or qualifications that support your application for this position (coronal polishing, nitrous, sealants, temporary crowns, photography, marketing, etc.)

What tasks do you really enjoy doing, if any?

What tasks do you prefer not to do if you had the choice?

Foreign languages

Language	What can you do? <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	Would you be comfortable communicating with a patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
Language	What can you do? <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	Would you be comfortable communicating with a patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
Language	What can you do? <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	Would you be comfortable communicating with a patient? <input type="checkbox"/> Yes <input type="checkbox"/> No

References

Name	Occupation	Title
Phone number	May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, when?
How are you acquainted with this person?		

Name	Occupation	Title
Phone number	May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, when?
How are you acquainted with this person?		

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Phone number	May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, when?
How are you acquainted with this person?		

Salary

What starting salary would you expect?	Per month \$	Per hour \$
After one year	Per month \$	Per hour \$
After two years	Per month \$	Per hour \$

List any questions that you may have about this office.

Applicant signature	Date
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An Equal Opportunity Employer

General Agreements

Some positions are paid on an hourly basis and some are paid on a salary basis. You may be required to arrive early or leave late in your job, depending on your position or special circumstances.

This office reserves the right to drug test at any time. Our drug testing policy and practices are oriented toward maintaining a drug-free workplace for our employees and our patients.

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.

The policies and regulations governing employment at this office are specifically laid out in separate policy manuals, which will be made available to all employees.

Authorizations

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.

For employment purposes, a credit report and background check may be pulled on applicants.

Employment at Will

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.

I understand that this employment application and any other Practice documents are not promises of employment. All employment is made on a trial basis for the benefit of both this office and the employee. This is usually for 90 days, but could be more or less.

I understand and agree to the above:

Applicant signature	Date
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