

EDUCATION RECORD



	High School				Undergraduate Trade School or College				Graduate/Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed (circle):												
School Name & location:	_____											

Diploma/ Degree:	_____											
Specialized Training:	<input type="checkbox"/> X-Ray <input type="checkbox"/> CDA <input type="checkbox"/> Expanded Duty <input type="checkbox"/> RDA <input type="checkbox"/> RDH											
Seminars & C.E.	Other: _____											
Courses attended in last 2 years	_____											

PROFESSIONAL SKILLS

Check the skills in which you have experience. Write in number of years of experience, year that you last used this skill in the last column if your experience was prior to 3 years ago.

<u>Business</u>	Yes	No	# Years	Last used	<u>Clinical</u>	Yes	No	# Years	Last used
Appointment Schedule (manual)					Charting				
Appointment Schedule (computer)					Take, Develop & Mount X-Rays				
Pegboard bookkeeping System					Digital X-Rays				
Computer bookkeeping System					Cosmetic Imaging				
Computer Data Entry					Pour & Trim Models				
Typing (# of WPM _____)					Fabricate Temporary Crowns				
Operating Recall System					4 Handed Assisting (General)				
Billing					Assist Crown & Bridge				
Accounts Payable					Assist Endodontics				
Accounts Collections					Assist Oral Surgery				
Treatment presentation					Assist Orthodontics				
Fee presentation					Assist Operative				
Making Financial Arrangements					Assist Periodontics				
Delinquent Account Contact					Assist Pedodontics				
Insurance Processing					Place Restorations				
Dictation Equipment					Home Care Instructions				
Electronic Claims Transmission					Coronal Polishing				
					Soft Tissue Management				

EMPLOYMENT HISTORY



List your present or most recent job 1st. Cover the last 10 years of employment. Include any job-related military service assignments and volunteer activities. Resumé may NOT be substituted. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer: _____ Dates Employed: from _____ to _____
Address: _____
Phone #: _____ Hourly Rate/ Salary: starting _____ final _____
Supervisor: _____ Job Title: _____
Work Performed: _____ Reason for Leaving: _____

2. Employer: _____ Dates Employed: from _____ to _____
Address: _____
Phone #: _____ Hourly Rate/ Salary: starting _____ final _____
Supervisor: _____ Job Title: _____
Work Performed: _____ Reason for Leaving: _____

3. Employer: _____ Dates Employed: from _____ to _____
Address: _____
Phone #: _____ Hourly Rate/ Salary: starting _____ final _____
Supervisor: _____ Job Title: _____
Work Performed: _____ Reason for Leaving: _____

4. Employer: _____ Dates Employed: from _____ to _____
Address: _____
Phone #: _____ Hourly Rate/ Salary: starting _____ final _____
Supervisor: _____ Job Title: _____
Work Performed: _____ Reason for Leaving: _____

* If you need additional space, please continue on a separate sheet of paper.

PERSONAL INSIGHT



In your previous positions, what duties did you enjoy doing **most** and why?

In your previous positions, what duties did you enjoy doing **least** and why?

Describe a career obstacle that you encountered in the past and explain how you overcame it.

Rank the following descriptive word from 1—12, with (1) being the most important and (12) being the least important, regarding what you're looking for in employment opportunity.

- | | |
|---|---|
| <input type="checkbox"/> Feedback | <input type="checkbox"/> Hours to Fit My Schedule |
| <input type="checkbox"/> Career Advancement | <input type="checkbox"/> Friendly Co-workers |
| <input type="checkbox"/> New Skills | <input type="checkbox"/> To be appreciated |
| <input type="checkbox"/> Performance Objectives | <input type="checkbox"/> Help Patients |
| <input type="checkbox"/> Annual Increases | <input type="checkbox"/> Job Security |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Support |

REFERENCES

Please provide Name, Address and Phone # of 3 references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

_____/_____/_____
 Applicant's Signature Date

For OFFICE USE:

Interviewed by: _____ Hire Date: ____/____/____