## EMPLOYMENT APPLICATION (Please Print) Date of Application: / / position in Dental Office. Applying for \_\_\_\_\_ PERSONAL DATA Applicant's Name: First Middle Address: City State Zip code Telephone #: (specify) Social Security #:\_\_\_\_ (other) Work Permit #: Best time to contact you is: : am / pm Are you currently employed? □Yes □No Have you given notice to your present employer? □Yes $\square$ No May we contact your present employer? □Yes $\square$ No Are you prevented from lawfully becoming employed in this country because □Yes $\square N_0$ Of Visa or Immigration Status? If you are under 18 years of age, can you provide required proof of eligibility to work? □Yes $\square$ No Available date to start work? / / □Full Time □Part Time You available to work: ☐ Temporary Number of days per week you can work?\_\_\_\_\_ Number of hours per week you can work?\_\_\_\_\_ What days are you **NOT** available to work? $\Box$ Tues. $\Box$ Wed. $\square$ Sat. $\square$ Mon. $\square$ Thurs. $\square$ Fri. Salary Requirement? \_\_\_\_\_ Benefit Requirement?\_\_\_\_ What is your anticipated length of employment?

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, the presence or any other legally protected status.

| EDUCATION RECORD          |   |             |    |    |  |   |       |           |                       |    |   |      |   |
|---------------------------|---|-------------|----|----|--|---|-------|-----------|-----------------------|----|---|------|---|
|                           |   | High School |    |    | Undergraduate<br>Trade School or College |   |       |           | Graduate/Professional |    |   |      |   |
| Years Completed (circle): | 9 | 10          | 11 | 12 | 1  | 2 | 3     | 4         | 1                     | 2  | 3 | 4    |   |
| School Name & location:   | _ |             |    |    |  |   |       |           |                       |    |   |      |   |
|                           | _ |             |    |    |  |   |       |           |                       |    |   |      |   |
|                           | _ |             |    |    |  |   |       |           |                       |    |   |      |   |
| Diploma/ Degree:          | _ |             |    |    |  |   |       |           |                       |    |   |      |   |
| Specialized Training:     |   | □X-Ra       | ay |    | A  |   | Expai | nded Duty | $\Box$ R              | DA |   | □RDF | I |
| Seminars & C.E.           | О | ther:_      |    |    |  |   |       |           |                       |    |   |      |   |
| 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 | #<br>Years | Last<br>used | Clinical                     | Yes | No | #<br>Years | Last<br>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.

| Employer:       | Dates Employed: from          | to    |
|-----------------|-------------------------------|-------|
| Address:        |                               |       |
|                 | Hourly Rate/ Salary: starting | final |
| Supervisor:     | Job Title:                    |       |
| Work Performed: | Reason for Leaving:           |       |
| Employer:       | Dates Employed: from          | to    |
| Address:        |                               |       |
|                 | Hourly Rate/ Salary: starting |       |
| Supervisor:     | Job Title:                    |       |
| Work Performed: | Reason for Leaving:           |       |
| Employer:       | Dates Employed: from          | to    |
| Address:        |                               |       |
|                 | Hourly Rate/ Salary: starting | final |
| Supervisor:     | Job Title:                    |       |
| Work Performed: | Reason for Leaving:           |       |
| Employer:       | Dates Employed: from          | to    |
| Address:        |                               |       |
|                 | Hourly Rate/ Salary: starting | final |
| Supervisor:     | Job Title:                    |       |
| Work Performed: | Reason for Leaving:           |       |

<sup>\*</sup> If you need additional space, please continue on a separate sheet of paper.

| PERSONAL IN In your previous | SIGHT positions, what duties did you enjo  | oy doing <b>most</b> and why?   |
|------------------------------|--|---|
|                              |  |   |
| In your previous             | positions, what duties did you enjo        | oy doing <b>least</b> and why?  |
|                              |  |   |
| Describe a caree             | r obstacle that you encountered in         | the past and explain how you overcame it.   |
|                              | ing descriptive word from 1—12, v          | with (1) being the most important and (12) being the least aployment opportunity. |
|                              | ☐ Feedback                                 | ☐ Hours to Fit My Schedule  |
|                              | Career Advancement                         | ☐ Friendly Co-workers   |
|                              | ☐ New Skills                               | ☐ To be appreciated   |
|                              | ☐ Performance Objectives                   | ☐ Help Patients   |
|                              | ☐ Annual Increases ☐ Continuing Education  | ☐ Job Security ☐ Support  |
| employers.                   |  | references who are not related to you and are not previous                        |
|                              |  |   |
| 3                            | <del>-</del>                               |   |
|                              | S STATEMENT nswers given herein are true a | and complete to the best of my knowledge.   |
| Applicant's Sig              | gnature                                    | Date  |
| For OFFICE U                 |  | II. D   |
| Interviewed by               | :  | Hire Date:/   |