

APPLICATION FOR DENTAL OFFICE EMPLOYMENT

Date//	e/ Position you are applying for?					
Please print.						
NAME	Email:					
Home #:	Cell #:					
ADDRESS		700				
Street	City	ZIP				
Are you bi-lingual? Yes No (circ Other:	cle one) What Language(s)? Read? Yes No	Write? Yes No				

EXPERIENCE AND SKILLS

Have you had experience in the following: (Check the last column if NOT within the last three years)

	YES	NO	# of	Prior		YES	NO	# of	Prior to
			yrs.	to 3 yrs				yrs.	3 yrs.
Typing (WPM)					Four handed assisting				
Computer skills					Dental terminology				
Account collections					X-ray certified				
Treatment presentation					Pour and trim models				
Fee presentation					Fabricate temp. crowns				
Insurance processing					Tray set-up				
Charting					Coronal polishing				
CPR Certified					Plaque control instructions				
Six handed assisting					Expanded function:				

Education				
High School attended.	Location		Circle grade completed:	
			9 10 11 12	
College Trade School	Special Training			
Name of School	Location	Dates attended	Degree/Certification	Major

DENTAL CERTIFICATES OR LICENSES:

1. X-RAY _____ 2. CDA _____ 3. EFDA/RDA _____ 4. RDH/EF _____ 5. CORONAL POLISH _____

What days	and tim	es are you availab	le to work?	Days:	М	Т	W	TH	F (ci	rcle all	that apply)
Evenings?	Yes	No	Full time:	Yes	No			Part ti	ime:	Yes	No
Can your fu	Can your future vacations be arranged at office convenience? Yes No										
If offered employment, when could you start?											
Have you given notice to your present employer? Yes No											
Is there any reason you cannot be bonded? Yes No											
Salary requ	Salary requirement: Fringe benefits required?										

What is your anticipated length of employment?

PREVIOUS EMPLOYMENT & REFERENCES

List present, or most recent position first. Please cover the last 10 years of employment. Resume may be substituted for employment history detail & references. May we contact your present employer? Yes No

Name of Employer:			
Address:			
	Т	elephone #:	
Position:			
Description of your job:			
Dates of Employment: Hired	Separated	Length of employment:	
	-		
Reason for leaving:			
Supervisor's Name:	Title:	Telephone #:	
•		•	

Name of Employer:			
Address:	 T	Selephone #:	
Position:			
Description of your job:			
Dates of Employment: Hired	Separated	Length of employment:	
Reason for leaving:			
Supervisor's Name:	Title:	Telephone #:	

Name of Employer:			
Address:	Т	elephone #:	
Position:		•	
Description of your job:			
Dates of Employment: Hired	Separated	Length of employment:	
Reason for leaving:			
Supervisor's Name:	Title:	Telephone #:	

Name of Employer:			
Address:			
	T	elephone #:	
Position:			
Description of your job:			
Dates of Employment: Hired	Separated	Length of employment:	
Reason for leaving:			
Supervisor's Name:	Title:	Telephone #:	

Reference(s):		
Name:	Phone:	_ Relationship:

I understand that the information on this application is subject to verification, and I further understand that any false statements or omissions may be cause for dismissal.

Applicants Signature: _____

PRE-INTERVIEW INFORMATION

Complete the following information in your own handwriting.

1. Please explain a previous position you enjoyed the most, and why?

2. Please briefly describe your short-term (1 year) employment goals:

3. Please briefly describe your long-term (5 years) employment goals:

4. Describe your ideal workplace and your ideal team:

Thank you for taking the time to complete this application. We look forward to speaking with you!