

# EMPLOYMENT APPLICATION

(Please Print)

DATE OF APPLICATION \_\_\_\_\_

APPLYING FOR \_\_\_\_\_ POSITION.

## PERSONAL DATA

Applicants Name \_\_\_\_\_

FIRST

MIDDLE

LAST

Address \_\_\_\_\_

STREET

CITY

STATE

ZIP

Phone # \_\_\_\_\_

(home)

Social Security # \_\_\_\_\_

(other)

Work Permit # \_\_\_\_\_

Are you currently employed?

Yes  No

Have you given notice to your present employer?

Yes  No

May we contact your present employer?

Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?

Yes  No

Proof of citizenship or immigration status will be required upon employment.

If you are under 18 years of age, can you provide required proof of eligibility to work?

Yes  No

On what date would you be available to start work?

\_\_\_\_\_

Are you available to work:

Full-Time

Part-Time

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?

(circle) Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Salary Requirement: \_\_\_\_\_

Benefit Requirement: \_\_\_\_\_

Will you need any special accommodation for any non-job related medical condition or handicap? \_\_\_\_\_

Please specify \_\_\_\_\_

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

## EDUCATION RECORD

Years Completed (Circle)	High School				Undergraduate Trade School or College				Graduate or Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
School Name and 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 OTHER:											
Seminars & C.E. Courses attended in the last 2 years												

## PROFESSIONAL SKILLS

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

Business	Yes	No	Number of years	Last Yr. Used	Clinical	Yes	No	Number of years	Last Yr. Used
Appointment Scheduling, Manual					Charting				
Appointment Scheduling, Comp.					Take, Develop, Mount X-Rays				
Electronic Claims Transmission					Digital Radiography				
Insurance Processing					Cosmetic Imaging				
Computer Data Entry					Pour & Trim Models				
Typing (No. of WPM_____)					Fabricate Temporary Crowns				
Operating Recall System					4 Handed Assisting (General)				
Billing					Assist Crown/Bridge				
Accounts Payable					Assist Endodontics				
Account Collections					Assist Oral Surgery				
Treatment Presentation					Assist Orthodontics				
Fee Presentation					Assist Operative				
Making Financial Arrangements					Assist Periodontics				
Delinquent Account Contact					Assist Pedodontics				
Other:					Place Restorations				
					Home Care Instructions				
					Coronal Polishing				
					Perio Therapy				
					PSR (Perio Screening Recording)				
					Intraoral Camera				

## Employment History

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

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number(s):		Hourly Rate/Salary	
		Starting	Final
Job Title:	Supervisor:		

Reason for Leaving:

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number(s):		Hourly Rate/Salary	
		Starting	Final
Job Title:	Supervisor:		

Reason for Leaving:

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number(s):		Hourly Rate/Salary	
		Starting	Final
Job Title:	Supervisor:		

Reason for Leaving:

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number(s):		Hourly Rate/Salary	
		Starting	Final
Job Title:	Supervisor:		

Reason for Leaving:

If you need additional space, please continue on a separate piece 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 the least and why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- |                              |                                |
|------------------------------|--------------------------------|
| _____ Feedback               | _____ Hours to fit my Schedule |
| _____ Career Advancement     | _____ Friendly Co-Workers      |
| _____ New Skills             | _____ To be Appreciated        |
| _____ Performance Objectives | _____ Help Patients            |
| _____ Annual Increases       | _____ Job Security             |
| _____ Continuing Education   | _____ Support                  |

**REFERENCES**

Give name, address, and phone number of 3 references 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.

I acknowledge and agree that the information that I have provided on this application is accurate and truthful. I understand, should I be hired, that if any information proves to be inaccurate, I may be immediately terminated from employment.

I authorize the contact of my former employers for reference information. I agree to release my former employers from any liability in the disclosure of accurate information. I further agree that if I bring any legal claim arising out of the employment relationship, that it must be brought within 180 days of the separation from employment.

I have read the job description for which I am applying and understand the responsibilities related to each task.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date