



**APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_ Position you are applying for: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ phone: \_\_\_\_\_

Are you at least 18 years old? [ ] Yes [ ] No (If no, please provide work permit.)

Do you have the legal right to work in the United States? [ ] Yes [ ] No  
(Proof will be required upon employment)

**GENERAL INFORMATION**

What date are you available to start work? \_\_\_\_\_

Please list days of the week you are available to work and your available times on each day: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate your preferred category: [ ] Full time [ ] Part time [ ] Temporary/Fill in

Can your vacations be arranged at practice convenience? [ ] Yes [ ] No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Can you fulfill the job duties and responsibilities of this position, with or without a “reasonable” accommodation? [ ] Yes [ ] No

## EDUCATION

|                           |               |            |              |
|---------------------------|---------------|------------|--------------|
| High School Name          | Graduated Y/N | # of Years | Course/Major |
| College School Name       | Graduated Y/N | # of Years | Course/Major |
| Post Graduate School Name | Graduated Y/N | # of Years | Course/Major |
| Special Courses/Training  | Graduated Y/N | # of Years | Course/Major |

## PROFESSIONAL LICENSES/CERTIFICATIONS

Are you professional certified for this position:  Yes  No

License/Certification Type: \_\_\_\_\_

License/Certification Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Date earned: \_\_\_\_\_

Has your license ever been revoked or suspended?  Yes  No

If yes, state the reason(s), date of revocation or suspension, and date of reinstatement: \_\_\_\_\_

Additional licenses/certificates: \_\_\_\_\_

CPR/First aid certification:  Yes  No

## EMPLOYMENT HISTORY

Please list **the last 7 years**, including periods of self-employment or unemployment, starting with the most recent. Do not substitute with a resume. Attach additional pages if needed.

Name of employer \_\_\_\_\_ Phone \_\_\_\_\_

Full address \_\_\_\_\_

Employment dates \_\_\_\_\_ Position Title \_\_\_\_\_ Supervisor's Name and Title \_\_\_\_\_

Average # of hours worked per week \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact this employer?  Yes  No

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|                  |       |
|------------------|-------|
| Name of employer | Phone |
|------------------|-------|

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Full address

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|                  |                |                             |
|------------------|----------------|-----------------------------|
| Employment dates | Position Title | Supervisor's Name and Title |
|------------------|----------------|-----------------------------|

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Average # of hours worked per week

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Job Duties

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Reason for leaving

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May we contact this employer? [ ] Yes [ ] No

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|                  |       |
|------------------|-------|
| Name of employer | Phone |
|------------------|-------|

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Full address

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|                  |                |                             |
|------------------|----------------|-----------------------------|
| Employment dates | Position Title | Supervisor's Name and Title |
|------------------|----------------|-----------------------------|

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Average # of hours worked per week

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Job Duties

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Reason for leaving

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May we contact this employer? [ ] Yes [ ] No

### PROFESSIONAL REFERENCES

Please list the name and contact information for at least three professional references.

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|      |              |             |
|------|--------------|-------------|
| Name | Phone Number | Years Known |
|------|--------------|-------------|

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|      |              |             |
|------|--------------|-------------|
| Name | Phone Number | Years Known |
|------|--------------|-------------|

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|      |              |             |
|------|--------------|-------------|
| Name | Phone Number | Years Known |
|------|--------------|-------------|

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|      |              |             |
|------|--------------|-------------|
| Name | Phone Number | Years Known |
|------|--------------|-------------|

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## EXPERIENCE AND SKILLS

Please indicate your level of competency in the following areas, with a 1 indicating low skill level and 5 indicating expert skill level.

| <u>Office Skills (all applicants)</u>  | LOW   | HIGH    |  |  |
|--|-------|---------|--|--|
| Keyboard Skills:   | 1     | 2 3 4 5 |  |  |
| Word Processing:   | 1     | 2 3 4 5 |  |  |
| Multiline Phone:   | 1     | 2 3 4 5 |  |  |
| Email:   | 1     | 2 3 4 5 |  |  |
| Appointment scheduling:  | 1     | 2 3 4 5 |  |  |
| Fee presentation:  | 1     | 2 3 4 5 |  |  |
| Treatment presentation:  | 1     | 2 3 4 5 |  |  |
| Account collections:   | 1     | 2 3 4 5 |  |  |
| Insurance Processing:  | 1     | 2 3 4 5 |  |  |
| Dental Terminology:  | 1     | 2 3 4 5 |  |  |
| Charting:  | 1     | 2 3 4 5 |  |  |
| Electronic Medical Records:  | 1     | 2 3 4 5 |  |  |
| Please list all electronic medical records systems with which you are competent: | _____ |         |  |  |

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### General Skills (all applicants)

|                            |   |         |
|----------------------------|---|---------|
| CPR:                       | 1 | 2 3 4 5 |
| First aid:                 | 1 | 2 3 4 5 |
| OSHA & Safety Regulations: | 1 | 2 3 4 5 |
| HIPPA Compliance:          | 1 | 2 3 4 5 |

### Clinical Skills (Assistants and Technicians)

|                              |   |         |
|------------------------------|---|---------|
| Radiographs:                 | 1 | 2 3 4 5 |
| Impressions:                 | 1 | 2 3 4 5 |
| Fabricating temporaries:     | 1 | 2 3 4 5 |
| Sterilization:               | 1 | 2 3 4 5 |
| Oral Health Instruction:     | 1 | 2 3 4 5 |
| Sealant Placement:           | 1 | 2 3 4 5 |
| Multitasking:                | 1 | 2 3 4 5 |
| Communication with patients: | 1 | 2 3 4 5 |

### Clinical Skills (Hygienists only)

|                           |   |         |
|---------------------------|---|---------|
| Perio Charting:           | 1 | 2 3 4 5 |
| Scaling and Root Planing: | 1 | 2 3 4 5 |
| Sealant Placement:        | 1 | 2 3 4 5 |
| Oral Health Instruction:  | 1 | 2 3 4 5 |
| Anesthetic delivery:      | 1 | 2 3 4 5 |
| Radiographs:              | 1 | 2 3 4 5 |
| Sterilization:            | 1 | 2 3 4 5 |

## OFFICE CULTURE

Please list the top 3-5 strengths you would bring to our team: \_\_\_\_\_

\_\_\_\_\_

Please give a description of what you think makes up a successful team: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ THE FOLLOWING, INITIAL EACH ARTICLE, AND SIGN BELOW**

\_\_\_\_ If hired, I will provide legal proof of identity and authority to work in the United States. Applicants are considered for positions without discrimination on the basis of race, color, religion, sex, national origin, age, disability, or other consideration made unlawful by applicable federal, state, or local laws. I understand that any misrepresentation, falsification, or omission of material from on this application may result in my failure to receive an offer of employment, or in my dismissal from employment. I hereby certify that the information in this application is true and correct to the best of my knowledge.

\_\_\_\_ If hired, I understand that employment with the practice is “at will” and can be terminated with or without cause, with or without notice, at any time, by either employee or employer. I understand that this application I not intended to constitute a contract of employment. I agree to confirm to the rules and standards of the practice, which may be amended occasionally at the employer’s discretion.

\_\_\_\_ All offers of employment are conditioned upon receipt of satisfactory responses to reference requests, background inquiries, and drug testing. I understand that the use of illegal drugs is prohibited during employment. Unless otherwise indicated on this application, I authorize the references above as well as all other individuals who may be contacted to provide any and all information concerning my previous employment, background, and any other pertinent information that they may have. 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 representations.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_