



Dependable Dental Staffing

Keeping Production Without Interruption!

Date of Application: _____ Applying for: _____
(Position in Dental Office)

PERSONAL DATA

Applicant's Name: _____
First Middle Last

Address: _____
Street City State Zip

Phone Number: _____ Alternative Phone Number: _____

Social Security Number: _____ Work Permit: _____

Emergency Contact: _____
Name Phone Number Email Address

CURRENT EMPLOYMENT INFORMATION

Are you currently employed? Yes No Have you given notice to your 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:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Salary Requirement: _____ Benefit Requirement: _____

What is your anticipated length of employment? _____

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"/> RDH Other: _____											
Seminars and CE Courses attended during the last 2 years	_____ _____											

Professional Skills

Check yes or no to indicate your experience. Write in the 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 Year Used	Clinical	Yes	No	Number of Years	Last Year Used
Appointment scheduling, Manual					Charting				
Appointment Scheduling, Comp.					Take, Develop, Mount X-Rays				
Pegboard Bookkeeping System					Digital Radiography				
Computer Bookkeeping System					Cosmetic Imaging				
Computer Data Entry					Pour & Trim Models				
Typing (Number of WPM _____)					Fabricate Temporary Crowns				
Operating Recall System					4 Handed Assistant (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				
Insurance Processing					Place Restorations				
Dictation Equipment					Home Care Instructions				
Electronic Claims Transmission					Coronal Polishing				
Other:					Soft Tissue Management				
Dental software that you are familiar with:					PSR (PerioScreening 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, 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:				



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Personal Insight

In your previous positions, what duties did you enjoy doing the 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 words from 1-12, with 1 being the most important and 12 being the least important, regarding what you are looking for in an employment opportunity:

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

References

Give the name, address, email address and phone number of 3 references who are not related to you.

_____	_____	_____	_____
Name	Address	Email Address	Phone Number
_____	_____	_____	_____
Name	Address	Email Address	Phone Number
_____	_____	_____	_____
Name	Address	Email Address	Phone Number

Applicant's Statement

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

Name

Date