

APPLICATION FOR EMPLOYMENT

PLEASE WRITE LEGIBLY

Date: _____ What position are you applying for? _____

Name: _____ DOB: _____ Soc. Sec. #: _____ - _____ - _____

Telephone: Home () _____ Work () _____ Work Permit # _____
(If a minor and applicable)

Address: _____
Street City State Zip

If you are bi-lingual, what languages do you speak, read or write? _____

EDUCATION

Last High School Attended	Location		Circle Last Grade Completed			
			9	10	11	12
COLLEGE, TRADE SCHOOL OR SPECIAL TRAINING						
Name of School	Location	Dates Attended	Degree/Certificate	Major		

DENTAL CERTIFICATES OR LICENSES

Dates Earned:

X-ray _____ CDA _____ EDDA/RDA _____ RDH _____ RDH/EF _____ Coronal Polish _____

Others _____

Post-graduate seminars taken in the last 2 years: _____

Do you have any physical condition which could (1) limit your ability to perform the job you have applied for, or (2) be aggravated by the job you have applied for? Yes No

If yes, explain _____

Are you taking medication at the present time that could limit your ability to perform the job applied for? Yes No

Should you be hired, may we have your permission to talk with your physician? Yes No

Physician's Name: _____ Telephone Number () _____

Check time willing to work:

Full time ___ Part-time ___ Hours per week ___ Days ___ Evenings ___ Overtime occasionally if necessary ___ Yes ___ No

Number of days per week ___ Can your future vocations be arranged at office convenience?

Please fill out the chart detailing when you are available to work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Available							

If offered employment, when can you start? _____

Have you given notice to your present employer? _____

Do you know of any reason why you cannot be bonded? _____

Desired Salary/Wage: _____ What are your fringe benefit needs? _____

When was the last time you smoked? _____ Are you _____ right-handed _____ left-handed?

What is your anticipated length of employment? _____

1.

Name of Employer		
Address		Telephone Number ()
Position Office Manager ____ Receptionist ____ Ins. Clerk ____ Dental Assist ____ Hygienist ____ Lab Tech ____ Other ____		
Description of your job		
Dates of Employment		Length of Employment
Date Hired	Date Separated	____ Years ____ Months
Earnings		
Salary when hires?	Salary at separation: \$	
Reason for leaving		
Supervisor's Name	Title	Telephone Number ()

2.

Name of Employer		
Address		Telephone Number ()
Position Office Manager ____ Receptionist ____ Ins. Clerk ____ Dental Assist ____ Hygienist ____ Lab Tech ____ Other ____		
Description of your job		
Dates of Employment		Length of Employment
Date Hired	Date Separated	____ Years ____ Months
Earnings		
Salary when hires?	Salary at separation: \$	
Reason for leaving		
Supervisor's Name	Title	Telephone Number ()

3.

Name of Employer		
Address		Telephone Number ()

Position Office Manager ____ Receptionist ____ Ins. Clerk ____ Dental Assist ____ Hygienist ____ Lab Tech ____ Other ____		
Description of your job		
Dates of Employment		Length of Employment
Date Hired	Date Separated	____ Years ____ Months
Earnings		
Salary when hires?	Salary at separation: \$	
Reason for leaving		
Supervisor's Name	Title	Telephone Number ()

4.

Name of Employer		
Address		Telephone Number ()
Position Office Manager ____ Receptionist ____ Ins. Clerk ____ Dental Assist ____ Hygienist ____ Lab Tech ____ Other ____		
Description of your job		
Dates of Employment		Length of Employment
Date Hired	Date Separated	____ Years ____ Months
Earnings		
Salary when hires?	Salary at separation: \$	
Reason for leaving		
Supervisor's Name	Title	Telephone Number ()

In addition to your work experience, what other experiences, skills, qualifications would especially prepare you to work in our office? _____

Emergency Contact Information

Mother's Name	Home Phone ()	Work Phone ()
Father's Name	Home Phone ()	Work Phone ()

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.

Signature of Applicant: _____

Date: _____

We recognize your right to terminate your employment, at will, whenever you choose for any reason. This office reserves to itself the same right.