

# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, or any other reason prohibited under Federal, State, or local laws.

**Please type or print. This application must be legible, fully completed, signed and dated for consideration.**

## APPLICANT CONTACT INFORMATION

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

Other Names Used: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_  
Home Phone Cell Phone

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

## QUESTIONS ABOUT APPLICANT

Position Desired: \_\_\_\_\_ Salary/Wage Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

Type of employment desired:  Full Time  Part Time  Temp/Seasonal  On-Call

What days are you available to work (check all that apply):  Sun  Mon  Tues  Wed  Thurs  Fri  Sat

What shifts are you available to work (check all that apply):  Morning  Afternoon  Evening

Are you legally eligible for employment in the United States?  Yes  No

**(Proof of U.S. citizenship or immigration status will be required upon employment)**

Are you 16 years of age or older:  Yes  No

Have you applied or worked here before?  Yes  No If yes, when? \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

## EDUCATIONAL BACKGROUND

High School Education or GED passed?  Yes  No

If NO, please indicate highest grade completed:  8  9  10  11  12

College/University/Trade School	City/State	Units	Degree/Diploma	Major	Completed
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

US Military Service	Branch	Rank	Dates of Service
<input type="checkbox"/> Yes <input type="checkbox"/> No			

## EMPLOYMENT HISTORY

List all positions held, including part-time summer and/or volunteer work and periods of employment for the last ten years; do not omit any employers. Explain any gaps in employment in comment section. If you are submitting a resume, you are still required to provide the requested information in the space provided. If self-employed, provide company name and at least two business references. Attach additional sheets or continue on the back of the page, if needed.

Current Employer		Dates Employed		May We Contact?	
Employer Name:		From:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone:		To:		If YES, Contact Name:	
Address:		<b>Starting Salary</b>		<b>Ending Salary</b>	
Job Title:	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Reason for Leaving:					
Responsibilities:					
Previous Employer		Dates Employed		May We Contact?	
Employer Name:		From:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone:		To:		If YES, Contact Name:	
Address:		<b>Starting Salary</b>		<b>Ending Salary</b>	
Job Title:	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Reason for Leaving:					
Responsibilities:					
Previous Employer		Dates Employed		May We Contact?	
Employer Name:		From:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone:		To:		If YES, Contact Name:	
Address:		<b>Starting Salary</b>		<b>Ending Salary</b>	
Job Title:	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Reason for Leaving:					
Responsibilities:					

## SPECIAL TRAINING AND SKILLS

Dental Licenses & Certifications	License #	Date Earned	State Issued	Current through Date
X-Ray				
CDA				
EDDA/RDA				
RDH				
CPR				
HIPAA				
Other				

Office Skill	Y/N	Skill Level (Fair/Good/Excellent)
Typing		
Bookkeeping		
Computers		
Account/Collections		
Tax Presentation		
Fee Presentation		
Dental Terminology		
Insurance Processing		
Scheduling		
Customer Service		
Charting		
Management		

Clinical Skill	Y/N	Skill Level (Fair/Good/Excellent)
Tray Setup		
Four-handed Dentistry		
Six-handed Dentistry		
Take, Develop, Mount X-rays		
Pour & Trim Models		
Coronal Polish		
Fabricate/Cement Temp Crowns		
OSHA & Safest Regulations		
Plaque Control Instructions		
Periodontal Skills		
Orthodontic Skills		
Oral Surgery Assisting		

Please list languages spoken fluently, other than English: \_\_\_\_\_

Please list any additional pertinent skills, special training, certifications or qualifications: \_\_\_\_\_

Please list any other accomplishments, awards, professional groups of which you are a member, or additional information you would like us to consider: \_\_\_\_\_

\_\_\_\_\_

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

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I further understand that any employment that is offered to me will be at-will and that this application does not create or imply a contract for employment.*

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*Applicant Signature*

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*Date*