



Employment Application

Personal Information

Last Name *First Name* *Middle Name*

Street Address

City *State* *Zip Code* *Length of Residence*

Previous Street Address

City *State* *Zip Code* *Length of Residence*

Phone Number (home or cell) *E-mail*

Social Security Number *Have you ever been bonded?* Yes No
Could you be bonded? Yes No

Position Applied For *Date Available*

Can you complete the physical requirements of the position applied for? Yes No

\$ _____
Desired Salary *Desired Schedule:* Full Time (up to 40) Part Time (less than 30)

Available Days Monday (_____) Tuesday (_____) Wednesday (_____)
and Hours: Thursday (_____) Friday (_____)

Educational Background			
	High School	Undergraduate	Professional/Graduate
School Name			
Location			
Dates Attended			
Years Completed			
Degree / Diploma			
Continuing Education Courses			

Educational Background (cont'd)

Qualifications: Please indicate below any experience you have in the following areas.

Accounts Receivable or Collections	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Length of Experience	_____
Insurance: benefits research, filing, claims	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Length of Experience	_____
Scheduling in 10 – 15 minute increments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type	_____
Treatment Presentation and/or Patient Education	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details	_____
Financial Arrangements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details	_____
Dental Terminology	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details	_____
Dental Instruments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details	_____
Operatory / Tray Set Up	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details	_____
Dental Impressions / Pouring Molds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details	_____
Dental Assisting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details	_____
Expanded Duties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details	_____
Dental Charting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details	_____
First Aid / CPR Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details	_____
OSHA / HIPPA / Universal Precautions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details	_____
X-Rays: taking, developing, copying; Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details	_____
Hepatitis B Vaccination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details	_____
Dental Software Programs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details	_____
Word Processing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details	_____
Intra-oral or Other Hi-Tech Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details	_____
Other Dental Related Experience	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details	_____
Does the site of blood bother you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details	_____

Employment Experience

Please list previous work experience, beginning with most recent position.

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<i>Employer</i>	<i>Position(s) Held</i>	
<i>Most Recent Supervisor</i>	<i>Date of Hire</i>	<i>Date Last Worked</i>
<i>Phone Number</i>	<i>Initial Rate of Pay</i>	<i>Final Rate of Pay</i>
<i>Most Recent Duties</i>		
<i>Reason for Leaving</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>May we contact this employer?</i>

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<i>Most Recent Duties</i>		
<i>Reason for Leaving</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>May we contact this employer?</i>

Consent to Drug Testing

CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONABLE SUSPICION DRUG TEST SCREEN AND RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT.

I hereby CONSENT to allow any medical center retained by **insert full legal business name** to take a specimen of my hair, urine, or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screen at any point in the pre-employment or employer-employee relationship. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, **insert full legal business name**.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against **insert full legal business name**, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS **insert full legal business name**, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

Equal Employment Statement

Insert full legal business name is proud to be an equal opportunity employer. All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected by law.

Authorizations and Signature

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by **insert full legal business name** that such employment is at will, for no specified duration and may be terminated by either **insert full legal business name** or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of **insert full legal business name** or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of **insert full legal business name** except the owner has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the owner of **insert full legal business name**.

In consideration for employment with **insert full legal business name**, if employed, I agree to conform to the rules, regulations, policies and procedures of **insert full legal business name** at all times and understand that such obedience is a condition of employment. I understand that due to the nature of **insert full legal business name** business, attendance and punctuality are considered essential requirements of every job at **insert full legal business name** and that poor attendance or tardiness will result in disciplinary action, up to and including termination.

I understand that if offered a position with **insert full legal business name**, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to **insert full legal business name** and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date