



Employment Application Form

Note: Please print and complete all the information requested.

DATE: _____

Name _____
First Middle Last

Telephone _____

Address _____
Street City State Zip Code

Social Security Number: _____

Are you presently employed Yes No If yes, current employer: _____

Which position are you applying for? _____ Full Time Part Time

Acceptable starting salary range: _____ to \$ _____

Circle highest grade completed: Elementary: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

Have you attended courses/seminars relevant to the dental profession or the position you are applying for? No

If yes, please explain: _____

Languages spoken: _____

Do you have any existing medical conditions that may restrict your job performance? Yes No

If yes, please explain: _____

In the past two years, have you lost time from work due to an injury or Yes No

If yes, for how long? _____

Have you ever been convicted of a crime? Yes No

If yes, please state offense and date of offense: _____

Are you bondable? Yes No

How did you learn about the job for which you are applying? _____

When would you be available to start work? _____

Do you have favorite hobbies or leisure time activities? _____

Honors or awards received (professional, academic, civic, athletic, etc) _____

Is there any other additional information of which you would like us to be aware? _____

Please list three references we may contact:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Employment Record: (list current / most recent employer first)

1) Employer: _____ Phone _____

Address _____ May we contact? Yes No

Employed from: _____ to _____ Supervisor _____

Starting salary: _____ Present/Ending salary: _____

Reason for leaving: _____

Description of duties: _____

2) Employer: _____ Phone _____

Address _____ May we contact? Yes No

Employed from: _____ to _____ Supervisor _____

Starting salary: _____ Present/Ending salary: _____

Reason for leaving: _____

Description of duties: _____

3) Employer: _____ Phone _____

Address _____ May we contact? Yes No

Employed from: _____ to _____ Supervisor _____

Starting salary: _____ Present/Ending salary: _____

Reason for leaving: _____

Description of duties: _____

Please check if you are experienced in any of the following:

Administrative:

- Customer Service
- Telephone Communication
- Scheduling Appointments
- Insurance Forms
- Payroll
- Tax Forms
- Medical
- Bookkeeping
- Accounts Receivable
- Accounts Payable
- Pegboard System
- Bank Deposits
- Calculator
- Chart Records
- Typing WPM _____
- Financial Consultations
- Composing Letters
- Supply ordering and control

Computer Knowledge:

- Microsoft Word
- Microsoft Excel
- Microsoft PowerPoint
- Microsoft Access
- Microsoft Outlook
- Other computer programs:

Dental

- Radiology Certified
- Taking FMX X-rays
- Taking Panoramic X-rays
- Taking Ceph X-rays
- Processing X-rays
- Tub and tray system
- Taking study models
- Pour and trim study casts
- Sterilization procedures
- Oral hygiene instruction
- Four-handed assisting
- Oral exam and charting
- Surgical assisting
- Making a single unit temporary
- Making a multi-unit temporary
- Sealants
- Fluoride application
- Post-Op instructions
- Treatment consultation
- Financial
- CPR training
- Supply ordering and control
- Intraoral camera

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Applicant's Statement:

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

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Designer Dental Group is of an "at will " nature which means that the employee may resign at any time and Designer Dental Group may discharge an employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by contract unless such change is specially acknowledged in writing by an authorized executive of Designer Dental Group.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Designer Dental Group.

Signature of applicant: _____

Date: _____

Please briefly describe what you think about the practice of dentistry and dental patients.
