



APPLICATION FOR DENTAL OFFICE EMPLOYMENT

Date: _____ For what position are you applying? _____

First Name: _____ Middle: _____ Last: _____

Mailing Address: _____ City, State, Zip: _____

Cell Phone: _____

Are you at least 18 years old?

(If no, please provide work permit)

☐ Yes ☐ No

Do you have the legal right to work in the U.S.?

☐ Yes ☐ No

EXPERIENCE AND SKILLS

OFFICE SKILLS	YES	NO	WHAT IS YOUR SKILL LEVEL?			CLINICAL SKILLS	YES	NO	WHAT IS YOUR SKILL LEVEL?		
			FAIR	GOOD	Exc.				FAIR	GOOD	Exc.
Keyboard Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPR Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tray Setup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-handed Dentistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6-handed Dentistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Take Digital X-rays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single/Multi-line Phone Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pour and Trim Models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OSHA & Safety Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coronal Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account Collections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fabricate Temp Crowns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cement Temp Crowns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fee Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tooth Whitening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Terminology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaque Control Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Periodontic Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointment Scheduling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orthodontic Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oral Surgery Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3D Printing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CAD/CAM (3D imaging)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						CEREC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						iTero	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Medit or Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Phlebotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Implant Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Instarisa Scans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						YOMI Robotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION

	Name of School	Graduated	# of Years	Course or Major
High School				
College				
Post Graduate				
Special Courses or Training				
Additional Special Courses or Training				

CERTIFICATES OR LICENSES

	X-ray	DA	RDA	RDH	Coronal Polishing	CPR	Phlebotomy	Other
Certificate/ License #								
Date Earned								
State Issued								
Expiration Date								



GENERAL INFORMATION

Can you fulfill the job duties and responsibilities of the position for which you are applying as they have been described to you, with or without a reasonable accommodation?

☐ Yes ☐ No

Are you available for the work hours required of the position for which you are applying? ☐ Yes ☐ No

Check the days of the week you will NOT be available to work: ☐ Mon ☐ Tues ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

If applicable, do you have the required license(s) to perform the job? ☐ Yes ☐ No

Date available to start? _____ Salary requirements: \$ _____ per ☐ hour ☐ day ☐ month

EMPLOYMENT / WORK EXPERIENCE

List the last 7 years of employment, self-employment or unemployment – **do not substitute with a resume**. Attach additional pages if needed.

Name of Employer: _____ Address (Number, City, State, Zip) _____ Phone _____		
Employed: From and To (Month & Year): _____ Supervisor's Name: _____		May we contact this employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Average # of Hours Worked Per Week: _____	Position(s) Held: _____	Your Last Name At Time of Employment: _____
Describe Your Duties: _____		
Give Specific Reason(s) for Leaving: _____		
Name of Employer: _____ Address (Number, City, State, Zip) _____ Phone _____		
Employed: From and To (Month & Year): _____ Supervisor's Name: _____		May we contact this employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Average # of Hours Worked Per Week: _____	Position(s) Held: _____	Your Last Name At Time of Employment: _____
Describe Your Duties: _____		
Give Specific Reason(s) for Leaving: _____		
Name of Employer: _____ Address (Number, City, State, Zip) _____ Phone _____		
Employed: From and To (Month & Year): _____ Supervisor's Name: _____		May we contact this employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Average # of Hours Worked Per Week: _____	Position(s) Held: _____	Your Last Name At Time of Employment: _____
Describe Your Duties: _____		
Give Specific Reason(s) for Leaving: _____		
Name of Employer: _____ Address (Number, City, State, Zip) _____ Phone _____		
Employed: From and To (Month & Year): _____ Supervisor's Name: _____		May we contact this employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Average # of Hours Worked Per Week: _____	Position(s) Held: _____	Your Last Name At Time of Employment: _____
Describe Your Duties: _____		
Give Specific Reason(s) for Leaving: _____		
Name of Employer: _____ Address (Number, City, State, Zip) _____ Phone _____		
Employed: From and To (Month & Year): _____ Supervisor's Name: _____		May we contact this employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Average # of Hours Worked Per Week: _____	Position(s) Held: _____	Your Last Name At Time of Employment: _____
Describe Your Duties: _____		
Give Specific Reason(s) for Leaving: _____		



PLEASE READ THE FOLLOWING AND SIGN BELOW

EQUAL OPPORTUNITY EMPLOYER

We are an equal opportunity employer. We do not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, veteran status, or any other characteristic protected by law.

GENERAL AGREEMENT

If hired, I will provide legal proof of identity and authority to work in the United States. I agree to conform to the rules and standards of the business, as amended from time to time at the employer's discretion. I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. I hereby certify that the information contained in this application form is true and correct to the best of my knowledge.

EMPLOYMENT RELATIONSHIP

If hired, I understand that employment is not for a specified term and can be terminated "at-will", with or without cause, and with or without notice, at any time, either at the option of the employee or the employer. No employee or representative of the business, other than its owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the employer may not alter the "at-will" nature of the employment relationship unless it is done specifically in writing and is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the "at-will" nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

REFERENCE AND BACKGROUND CHECKING

All offers of employment are conditioned upon satisfactory completion of a background and reference check. Qualified applicants may also be required to submit to a pre-employment drug screen and/or medical exam. If these become part of the screening process, I understand I must complete appropriate documentation for these to occur.

Applicant's Signature: _____ Date: _____

**This application for employment is good for 30 days only.
Consideration for employment after 30 days requires a new application.**