AMISTAD DENTISTRY
COSMETIC, IMPLANTS & ORTHODONTICS

APPLICATION FOR DENTAL OFFICE EMPLOYMENT- STERILIZATION TECHNICIAN

To confirm you've carefully read this application, please write the word "Organized" next to your desired hourly wage.

APPLICANT GENERAL INFORMATION

Date: _____ For what position are you applying? _____

First Name: _____ Middle: _____ Last: _____

Mailing Address: _____ City, State, Zip: _____

Cell Phone: _____

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

Date available to start? _____ Salary requirements: $_____ per hour

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

ESSENTIAL JOB REQUIREMENTS

Please review the following job requirements and initial each item to indicate you understand and can perform these essential functions.

Applicant Initials	Acknowledgment
_____	I understand this position requires handling contaminated dental instruments and equipment.
_____	I am comfortable working around blood, saliva, and other bodily fluids.
_____	I understand I may be exposed to bloodborne pathogens and will be required to always follow OSHA and infection control protocols.
_____	I am comfortable handling and disposing of needles, sharps, and other potentially hazardous materials safely.
_____	I am able to wear required personal protective equipment (PPE), including gloves, masks, eye protection, and gowns.
_____	I understand that accuracy, attention to detail, and proper sterilization procedures are essential to patient safety.
_____	I understand this role requires a yes-attitude mindset, attention to detail, accountability, and a commitment to supporting the entire team while maintaining the highest standards of patient safety.
_____	I understand this position requires standing for extended periods, lifting instrument cassettes and boxes, repetitive hand motions, bending, reaching, and working at a fast pace. I can perform these essential physical duties.
_____	I understand that maintaining strict infection control standards is an essential function of this position and that failure to follow established protocols may result in disciplinary action, up to and including termination.

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STERILIZATION EXPERIENCE AND SKILLS

STERILIZATION SKILLS	YES	NO	WHAT IS YOUR SKILL LEVEL? FAIR	GOOD	EXC.	WORK HABITS	WHAT IS YOUR SKILL LEVEL? NEEDS IMPROVEMENT	AVERAGE	GOOD	EXCELLENT
Instrument Cleaning	☐	☐	☐	☐	☐	Attention to Detail	☐	☐	☐	☐
Instrument Inspection	☐	☐	☐	☐	☐	Organization	☐	☐	☐	☐
Packaging & Bagging Instruments	☐	☐	☐	☐	☐	Time Management	☐	☐	☐	☐
Autoclave Operation	☐	☐	☐	☐	☐	Dependability	☐	☐	☐	☐
Biological Spore Testing	☐	☐	☐	☐	☐	Ability to Prioritize	☐	☐	☐	☐
Instrument Organization	☐	☐	☐	☐	☐	Ability to Stay Busy Without Direction	☐	☐	☐	☐
Tray Setup	☐	☐	☐	☐	☐	Ability to Follow Written Protocols	☐	☐	☐	☐
Restocking Operatories	☐	☐	☐	☐	☐	Works Well on a Team	☐	☐	☐	☐
Inventory Management	☐	☐	☐	☐	☐	Ability to Learn New Technology Quickly	☐	☐	☐	☐
Following OSHA Standards	☐	☐	☐	☐	☐					
Infection Control Protocols	☐	☐	☐	☐	☐					
Equipment Maintenance	☐	☐	☐	☐	☐					
Chemical Disinfection	☐	☐	☐	☐	☐					
Laundry Duties	☐	☐	☐	☐	☐					
Multi-tasking Under Pressure	☐	☐	☐	☐	☐					
Organization & Attention to Detail	☐	☐	☐	☐	☐					

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

	CPR	OSHA Training	Infection Control	HIPAA	Dental Experience	Sterilization Experience	Other
Certificate *(Please ✓ if applicable)*							
Date Earned							
State Issued							
Expiration Date							

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?: ☐Yes ☐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?: ☐Yes ☐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?: ☐Yes ☐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?: ☐Yes ☐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?: ☐Yes ☐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:

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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.