

Application for Dental Office Employment

Personal Information		
Full Name		
Address		
City	State/Province	ZIP/Postal Code
Day Time Telephone	Driver's License Number	Social Security Number
Evening Telephone	Email Address	
Favorite Book	Favorite Movie	
Hobbies or Interests		

Experience and Skills					
Have you had experience in the following:	What is your skill level?				
	Yes	No	Fair	Good	Excellent
Typing					
Computerized bookkeeping					
In-home computer					
Ten-key adding machine					
Account collections					
Treatment presentation					
Fee presentation					
Dental terminology					
Insurance processing					
Appointment scheduling					
Dental charting					
CPR training					
Procedure tray setups					
Four handed dentistry					
Six handed dentistry					
Take, develop, mount xrays					
Pour up and trim models					
Coronal polish					
Fabricate temporary crowns					
Cement temporary crowns					
Oral hygiene instruction (plaque control)					
Expanded periodontic skills					
Expanded orthodontic skills					
E.D.D.A. certified by State of Louisiana					
Patterson Eaglesoft Software					
Dexis Digital X-ray Software					
Other:					

Education History			
High School	Location	Favorite Extracurricular Activity	Year Graduated
College or Trade school	Location	Degree	Year Graduated
College or Trade school	Location	Degree	Year Graduated

Dental Certificates or Licenses			
	License #	Date earned	State issued
X-ray			
CDA			
EDDA/RDA			
RDH			
RDH/EF			
Coronal Polish			
CPR			
Others			

Post graduate seminars taken in the last 2 years:

Are all certifications current? YES NO

Do you have any physical condition which could (1) limit your ability to perform the job applied for, (2) be aggravated by the job you have applied for? YES NO

If yes, explain: _____

Are you taking medication at the present time that could limit your ability to perform the job applied for? YES NO

Should you be hired, may we have your permission to talk with your physician? YES NO

Physician's name: _____ Telephone (_____) _____

How much work time have you lost because of illness in the last 2 years? _____

Check times willing to work:

- Days
- Evenings
- No. of days per week _____
- Full time
- Part time
- Hours per week _____

Circle days of the week you will NOT be available for work:

Monday Tuesday Wednesday Thursday Friday

Can your future vacations be arranged at office convenience? YES NO

If no, explain: _____

If offered employment, when can you start? _____

Salary requirement: _____

Fringe benefit requirements:

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

A conviction record will not necessarily be a bar to employment.

Employment History

List present or most recent position first. Cover last 7 years, including periods of self-employment, or unemployment. Fill in all information – DO NOT SUBSTITUTE WITH A RESUME

May we contact your present employer?

YES

NO

Name of employer:	
Supervisor's name:	
Supervisor's title:	
Address:	
Phone numbers:	
Your last name at time of employment:	
Position:	
Describe major duties:	
Specific reason for leaving:	
Employed from: _____ to: _____	Total years employed: _____ Total months employed: _____
Beginning salary or wages: \$	Ending salary or wages: \$

Name of employer:	
Supervisor's name:	
Supervisor's title:	
Address:	
Phone numbers:	
Your last name at time of employment:	
Position:	
Describe major duties:	
Specific reason for leaving:	
Employed from: _____ to: _____	Total years employed: _____ Total months employed: _____
Beginning salary or wages: \$	Ending salary or wages: \$

Name of employer:	
Supervisor's name:	
Supervisor's title:	
Address:	
Phone numbers:	
Your last name at time of employment:	
Position:	
Describe major duties:	
Specific reason for leaving:	
Employed from: _____ to: _____	Total years employed: _____ Total months employed: _____
Beginning salary or wages: \$	Ending salary or wages: \$

Skills

Why are you thinking about a job change?

Why are you interested in Peach Tree Dental in particular?

Strengths & Weaknesses

What do YOU consider your top three strengths?	When we contact YOUR EMPLOYER, what will he/she say your strengths are?
What do YOU consider your top three weaknesses?	When we contact YOUR EMPLOYER, what will he/she say your weaknesses are?

Description of Your Next Ideal Job

How many hours do you work per week in your ideal job?

What time do you start your workday?

What time do you end your workday?

How many weeks of vacation do you take each year?

Where is your office?

Are you, for the most part, working alone or with others?

Alone

With others

What does your office look like?

What are you wearing?

What are you doing?

What is your boss like?

What are you earning?

Description of the Next Wrong Job For You

Think of jobs you had in the past. What were things that you disliked? (Do not list the job or company.)

What type of work do you prefer NOT to do?

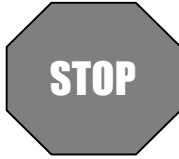
What type of boss do you prefer NOT to work with?

What level of salary do you consider too low?

I prefer NOT to earn less than \$ _____ in annual gross pay.

Candidate's Reference List

Job References			
1	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
2	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
3	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
4	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
5	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
References from Throughout Your Industry			
1	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
2	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
3	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
4	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
5	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
References from Your Customers			
1	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
2	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
3	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
4	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
5	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	



Read this very carefully before signing your name!

Permission to Contact References

By signing below, I give Peach Tree Dental permission to contact all of the references that I listed in addition to any other people that my references might suggest that Peach Tree Dental contact.

Your Signature

Date

Your Comments
