

APPLICATION FOR EMPLOYMENT



DENTAL PARTNERS, INC.

(1 of 6 pages)

Date _____ What position are you applying for? _____

NAME (LAST, FIRST AND MIDDLE)	PHONE: HOME ()
	CELL ()
Address	Are you at least age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please show work permit
Social Security Number - -	Do you have legal right to work in the U.S.? <input type="checkbox"/> Yes; Proof will be required after employment

EXPERIENCE AND SKILLS

OFFICE SKILLS						CLINICAL SKILLS					
	YES	NO	Fair	Good	Exc.		YES	NO	Fair	Good	Exc.
Typing						CPR Training					
Computer						Tray Set-up					
Treatment Presentation						Four Handed Dentistry					
Fee Presentation						Six Handed Assisting					
Dental Terminology						Take, Dev. & Mount X-Rays					
Insurance Processing						Pour Up and Trim Models					
Appointment Scheduling						Coronal Polish					
Charting						Fabricate Temp. Crowns					
Collections						Cement Temp. Crowns					
Patient Check In/Out						Plaque Control Instructions					
Eligibility						Exp. Perio Skills					
Phone Answering						Exp. Ortho Skills					
Office Management						OSHA & Safety Regulations					

EDUCATION

	Name of School and Address	Graduated (Yes or No)	Number of Years	Course or Major
High School				
College				
Special Courses And Training				

DENTAL CERTIFICATES OR LICENSES

TYPE OF LICENSE	X-RAY	CDA	RDA	RDH	COR. POL.	CPR
License #						
Date Earned						
State Issued						
Current Through						

General Information

Can you perform the essential and/or marginal functions of the position for which you are applying with or without reasonable accommodations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you describe or demonstrate how you would perform the job requirements with or without reasonable accommodations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you meet the attendance requirements of the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have the required license(s) to perform this job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>I can work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings; From: _____ To: _____;</p> <p style="padding-left: 40px;">No. of days per week _____ No. of hours per week _____.</p>		
Circle days of the week you will <u>not</u> be available for work: M Tu W Th F Sa Su		
Date available to start? _____.		
Can your vacation be arranged at practice convenience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, please explain: _____.		
Salary Requirement: \$ _____ Per Hour \$ _____ Per Year		
Have you been vaccinated for Hepatitis B?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT / WORK EXPERIENCE

Cover last 7 years, including periods of self-employment, or unemployment. Answer all questions here and throughout this employment application form. If additional pages are needed, please attach. **Do not substitute with a resume.**

List present or current position first

From	To	Employer	Phone #
Job Title		Address	
Supervisor and Title		Nature of Work and Responsibilities	
May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving		Last Name at time of Employment	

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Job Title		Address	
Supervisor and Title		Nature of Work and Responsibilities	
May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving		Last Name at time of Employment	

AN EQUAL OPPORTUNITY EMPLOYER

GENERAL AGREEMENT

I understand that all offers of employment are conditioned on receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. In consideration of my employment, I agree to conform to the rules and standards of the practice, as amended from time to time at the employer's discretion.

AUTHORIZATION TO CHECK REFERENCES

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the information checked unless I have indicated the contrary. I authorize the references listed above, as well as all other individuals whom the practice may contact, to provide all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from all liability for any damages that may result for furnishing the practice with such information as well as from the use or disclosure of such information by the employer or any of its agents, employees or representatives. 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.

EMPLOYMENT RELATIONSHIP

If employed, I understand that employment with the practice 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. The "at will" employment policy includes all employees including those presently employed by the practice. No employee or representative of the practice, 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 and in writing that 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.

Applicant's signature: _____ Date: _____.

