

APPLICATION FOR DENTAL OFFICE EMPLOYMENT

Date _____ What position are you applying for? _____

Name		First	Middle	Phone: Home: () ()
				Bus: () ()
Address: (Number, City, State and Zip)				Are you at least age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If no please show work permit
Social Security No. ____ - ____		Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes; Proof will be required after employment		

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.
Typing (words per min.)						CPR Training					
Bookkeeping (Pegboard)						Tray Set-up					
Computerized Bookkeeping						Four Handed Dentistry					
Computer						Six Handed Assisting					
Ten-Key Adding Machine						Take, Devel. Mount X-rays					
Account Collections						Pour Up and Trim Models					
Treatment Presentation						Coronal Polish					
Fee Presentation						Fabricate Temp. Crowns					
Dental Terminology						Cement Temp. Crowns					
Insurance Processing						Plaque Control Instructions					
Dictation Equipment						Exp. Periodontal Skills					
Appointment Scheduling						Exp. Orthodontic Skills					
Charting						OSHA & Safety Regulat's					

EDUCATION

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

DENTAL CERTIFICATES OR LICENSES

	X-RAY	CDA	EDDA/RDA	RDH	RDH/EF	COR. POL.	CPR	Other
License #								
Date Earned								
State Issued								
Current through date								

GENERAL INFORMATION

Can you perform the essential and/or marginal functions of the position for which you are applying with or without reasonable accommodations (*Employers with 15 or more employees attach job description*)? Yes No

Can you describe or demonstrate how you would perform the job requirements with or without reasonable accommodations? Yes No

Can you meet the attendance requirements of the job? Yes No

Do you have the required license(s) to perform this job? Yes No

Do you illegally use drugs? Yes No

I can work: Days Evenings; From: _____ To: _____; No. of days per week ___ No. of hours per week _____

Circle days of the week you will **not** be available for work: MON. TUES. WED. THURS. FRI. SAT. SUN

Date available to start? _____ Can your vacation be arranged at practice convenience? Yes No

If No, please explain: _____

Salary requirement: _____ Hr. _____ Mo. Fringe benefits required? _____

Have you been vaccinated for Hepatitis B? Yes No

Have you ever been convicted of a crime other than a traffic violation? Yes No (NOTE: A conviction is not an automatic bar to employment). If Yes, please attach explanation of charge(s), court, date, and disposition of case(s):

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 most recent position first

Name of employer:	Address (City, State, Zip):	Phone #: ()
Employed (Month and Year): From: To:	Position(s) held:	Supervisor's name and title:
Average number of hours worked per week:	Rate of pay: Start Ending	Your last name at time of employment:
Describe your duties:		
May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No		
Give specific reason for leaving:		

Name of employer:	Address (City, State, Zip):	Phone #: ()
Employed (Month and Year): From: To:	Position(s) held:	Supervisor's name and title:
Average number of hours worked per week:	Rate of pay: Start Ending	Your last name at time of employment:
Describe your duties:		
May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No		
Give specific reason for leaving:		

EMPLOYMENT / WORK EXPERIENCE *Continued*

Name of employer:	Address (City, State, Zip):	Phone #: ()
Employed (Month and Year): From: To:	Position(s) held:	Supervisor's name and title:
Average number of hours worked per week:	Rate of pay: Start Ending	Your last name at time of employment:
Describe your duties:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Give specific reason for leaving:		

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 to the contrary. I authorize the references listed above, as well as all other individuals whom the practice may contact, to provide any and 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.

Comment: "the parole evidence rule"; "neither party can attempt to introduce evidence of a prior or contemporaneous agreement that would be in variance with the parties written agreement". *McLain v. Great American Insurance, 208 Cal. App.3d. 1476 (1989), Jenkins v. Eastern Capital Corp. Fitness USA Health Spas, 94 Daily Journal D.A.R. 4491 (N. D. Cal. 1994), among other cases. Several states have an assumption of At-Will employment. However, can be superseded by a contract, express or implied, limiting the employers ability to discharge an employee. Cannot fire when violating a "Public Policy".*

Applicant's signature: _____ Date: _____

Application forms will be retained for a period of six months.

This Application for Employment was prepared for general use throughout the U. S. in consultation with our legal counsel. It is designed to comply with Federal and State Fair Employment Practice laws. However, since State and local laws vary, Bent Ericksen & Associates assumes no responsibility for the inclusion in this application form of any questions that may violate Federal, State or local laws.

Please answer the following information in your own handwriting. Your handwriting may be subject to an examination by a professional graphologist. The results are confidential and used for professional purposes only. A hiring decision will not be made based on the examination alone; information gained from the Employment Application Form, the interview and references from past employers will all be taken into consideration before any hiring decision is made.

Be sure you are in a comfortable position and give a detailed response to the following questions. DO NOT PRINT.

1. Describe the responsibilities on your present or last job.

2. What factors would contribute to your sense of satisfaction on a job?

3. What aspects of working with people do you find enjoyable, and what, if any, do you find less enjoyable?

4. What specific aspects of your education or experience do you consider to be beneficial to this position?

PLEASE SIGN YOUR NAME BELOW