

Dental Office

APPLICATION FOR EMPLOYMENT

[Employer Name] is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, or any other reason prohibited under Federal, State, or local laws.

Please type or print. This application must be legible, fully completed, signed and dated for consideration

Applicant Contact Information

Name: _____
Last First Middle Initial

Other Names Used: _____

Address: _____
Street City State Zip Code

Phone: _____
Home Phone Cell Phone

Email Address: _____

Questions About Applicant

Position Desired **Salary/Wage Desired** **Date Available**

Type of Employment Desired: Full Time Part Time Temp/Seasonal On-Call

What days are you available to work (circle all that apply): Sun Mon Tues Wed Thurs Fri Sat

What shifts are you available to work (circle all that apply): Morning Afternoon Evening

Are you legally eligible for employment in the United States? Yes No
 (Proof of U.S. Citizenship or immigration status will be required upon Employment)

Are you 16 years of age or older: Yes No

Have you applied or worked here before? Yes No If yes, when? _____

How did you hear about this position? _____

Educational Background

High School Education or GED passed? Yes No

If NO, please indicate highest grade completed: 8 9 10 11 12

College/University/Trade School	City/State	Units	Degree/Diploma	Major	Date
US Military Service	Branch	Rank	Dates of Service	Type of Discharge	
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Employment History

List all positions held, including part-time summer and/or volunteer work and periods of employment for the last ten years; do not omit any employers. Explain any gaps in employment in comment section. If you are submitting a resume, you are still required to provide the requested information in the space provided. If self-employed, provide company name and at least two business references.

Current Employer		Dates Employed		May we contact?	
Employer Name:		From:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone:		To:		If YES, Contact Name:	
Address:		Starting Salary		Ending Salary	
Job Title:		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Reason for Leaving:					
Responsibilities:					
Previous Employer		Dates Employed		May we contact?	
Employer Name:		From:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone:		To:		If YES, Contact Name:	
Address:		Starting Salary		Ending Salary	
Job Title:		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Reason for Leaving:					
Responsibilities:					
Previous Employer		Dates Employed		May we contact?	
Employer Name:		From:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone:		To:		If YES, Contact Name:	
Address:		Starting Salary		Ending Salary	
Job Title:		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Reason for Leaving:					
Responsibilities:					

Dental Licenses and Certifications

	License #	Date Earned	State Issued	Current through Date
X-Ray				
CDA				
EDDA/RDA				
RDH				
CPR				
HIPAA				
other				

Relevant Experience and Skills

Office Skill	Y/N	Skill Level Fair/Good/Exc	Clinical Skill	Y/N	Skill Level Fair/Good/Exc
Typing			Tray Setup		
Bookkeeping			Four-Handed Dentistry		
Computer			Six-Handed Assisting		
Account/Collections			Take, Develop, Mount X-rays		
Tx presentation			Pour and Trim Models		
Fee Presentation			Coronal Polish		
Dental Terminology			Fabricate/Cement Temp crowns		
Insurance Processing			OSHA & Safety Regulations		
Scheduling			Plaque Control Instructions		
Customer Service			Periodontal Skills		
Charting			Orthodontic Skills		
Management			Oral Surgery Assisting		

Please list languages spoken fluently, other than English: _____

Please list any additional pertinent skills, special training, certifications or qualifications: _____

Please list any other accomplishments, awards, professional groups of which you are a member, or additional information you would like us to consider: _____

Professional/Work References:

List name and telephone number of three **professional/work** references who are familiar with your work and not related to you.

Name, Title, Company, City, State	Telephone and Email

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I further understand that any employment that is offered to me will be at-will and that this application does not create or imply a contract for employment.

Applicant Signature

Date

Application for Employment
**Notice & Acknowledgement
of Binding Arbitration**

(This form is to be signed by all applicants for employment)

The Practice is careful to ensure we comply with all federal and state employment laws and regulations for the protection of our employees. Furthermore, we understand that many of these employee protections extend to those in the application stage of the hiring process. For this reason, we require all applicants to acknowledge their commitment to resolving any disputes or claims about the fairness of our hiring process in a forum that preserves those protections. This process, called arbitration, is less costly and encourages swift and fair resolution by a neutral expert. The U.S. Supreme Court favors arbitration as a fair means of expedited informal dispute resolution.

By signing this application and acknowledgment, you are agreeing to settle any and all previously unasserted claims, disputes or controversies arising out of or relating to your application or candidacy for employment, employment and/or cessation of employment with Employer, *exclusively* by final and binding *arbitration* before a neutral Arbitrator. You are also acknowledging that should you be hired you understand that you will be bound by the terms of this policy. By way of example only, such claims include claims under federal, state and local statutory or common law, such as Age Discrimination in Employment Act, Title VII of the Civil Rights Act or 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the law of contract and the law of tort.

I understand that this policy does not, however, in any way alter the “at will” status of my employment with Employer should I be hired which, unless otherwise agreed upon by written contract, is not for a fixed term or definite period and may be terminated at the will of myself or Employer with or without notice and without resort to this policy.

(Date)

(Signature of Applicant)

(Print Name of Applicant)