

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

Name: _____

Address: _____

Telephone Numbers: h) _____ c) _____

SSN# _____ Date of Birth _____

Are you taking any medication which could limit your ability to perform the job you have applied for? Y N

If yes, please explain _____

Position applied for _____

Check work preferred Full time _____ Part time _____

Work Availability: M T W TH F Sa Times: _____

If offered the position, when could you start? _____

Salary Requirement _\$ _____ /hr. _____ (must be filled out)

Can you travel if required for continuing education courses or other job related purposes? Y N

QUALIFICATIONS:

Business Skills:

Word processing	Y	N	Bookkeeping: manual _____	computerized _____
Accounts receivable	Y	N	Collecting / handling money	Y N
Insurance processing	Y	N	Appointment scheduling	Y N
Multi-line telephone	Y	N	Fax / copier	Y N
Receptionist skills	Y	N	Customer service skills	Y N

Clinical Skills:

Familiar with dental terminology	Y	N
Familiar with dental charting	Y	N
Trained / certified in CPR	Y	N
Familiar with OSHA and/or sterilization requirements	Y	N
X-Ray certified (take/develop/mount)	Y	N
Familiar with oral hygiene instructions	Y	N
Familiar with expanded dental assisting skills	Y	N
RDA license	Y	N
Worked in a dental office	Y	N

CAREER GOALS:

Please complete the following questions:

1. Why are you attracted to a career in dentistry?
2. What was it about our organization that prompted you to apply for a position here?
3. Describe what you hope your career will look like five years from now.
4. Describe your most favorite former position. Give three reasons that made it your favorite.
5. List five reasons why this dental practice should consider you for employment.

REFERENCES:

Please provide three references you have worked for in a professional capacity who are not related to you.

Name / Title	Company	Tel #
1)		
2)		
3)		

Because of the nature of the work we do and the services we provide here at Advanced Dental Center PA, we are required by our office policy to ask if you have ever been convicted of a crime. We take our responsibility to our co-workers, patients and our organization very seriously. The existence of criminal convictions does not preclude you from being employed at Advanced Dental Center, PA.

Have you ever been convicted of a crime? Y N

APPLICANTS ACKNOWLEDGMENT:

I understand and acknowledge that, unless otherwise defined by applicable law, the employment relationship I enter into with this dental practice is of “AT WILL” nature, meaning that I may resign at any time and my employer may discharge me at any time with or without cause. I also understand that the “AT WILL” relationship may not be changed by any means unless such change is specifically acknowledged and set forth in writing by an authorized representative of the dental practice.

In the event that I may be employed by this dental practice, I understand that giving false or misleading information in my application or interviews may result in discharge. I further understand that I am required to abide by all policies, regulations, and requirements of this dental practice.

DATE

APPLICANT’S SIGNATURE