

Application for Employment

Personal Information										
Full Name:										
First Address:		М.І.	Last							
Street Address			Apartment/Unit #							
City			State ZIP Code							
Home Phone: ()		Cell Phone: ()							
E-mail Address:										
Social Security Number or Go	overnment ID:									
Employment Information										
Are you currently employed?	☐ Yes ☐ No	Have you given notice to you	ur employer?							
May we contact your present	employer?	No Desired Salary?	· · · · · · · · · · · · · · · · · · ·							
Are you prevented from lawfu	lly becoming employed in	this country because of visa o	r immigration status?							
Yes No (Proo	f of citizenship or immigration s	status will be required upon employn	nent.)							
Have you ever been convicte	d of a felony? Yes	☐ No If Yes explain:	· · · · · · · · · · · · · · · · · · ·							
On what date would you be a	vailable to start work?									
Are you available to work] Full Time Part Tin	ne 🗌 Temp Only 🔲 Tem	p to Perm Perm Only							
What days & times are you a	vailable to work?									
☐ Mon Hrs ☐ Tues Hr	s		Hrs							
Numbers of years in the field	d you are applying for _									
	Edu	cation Record								
		1								
Years Completed (Check)	High School	Undergraduate Trade School or College	Graduate or Professional							
	9 10 11 12	1 2 3 4 1	1 2 3 4							
School Name and Location										
Diploma / Degree										
	☐ X-Ray Certified	☐ CDA ☐ Coronal Polis	h Certified							
Specialized Training	☐ Anesthesia	☐ Anesthesia ☐ RDH ☐ Laser Certified ☐ CPR Certified								
	☐ Daance Certi	ified	□ EFDA							
Seminars and CE Courses attended during the last 2										

Professional Skills - Complete Only Section Matching Your Skills

Business/Front Office Yes No									
Bilingual									
Appointment Scheduling, Manual									
Appointment Scheduling, Comp									
Care Credit									
Check in/ out									
Recall System									
Statement billing, End of Day and Month Reports									
Accounts Payable / Payroll									
Account Collections									
Treatment Plan – Enter in computer and Present									
Making Financial Arrangements									
Insurance Processing									
Electronic Claims Transmission									
Posting Patient Payments									
Posting Insurance Payments/understanding EOB's									
Specialty Experience:									
Insurance Plans:									
Dental Software that you are familiar with: ☐ EasyDental ☐ Soft Dent ☐ EagleSoft ☐ Dentrix 11.0 ☐ Dentrix G2 ☐ Dentrix G3 ☐ Dentrix G4 ☐ Dentrix Ascend ☐ Open Dental ☐ Other:									
DA - Clinical Yes No									
Bilingual Tes No									
Charting									
Take, Develop, Mount X-Rays									
Hyg. Assisting- Perio Charting									
Intraoral Camera									
Pour & Trim Models									
Temporary Crowns / Pack Cord									
Impressions									
Itero									
Zoom Whitening / Bleaching Trays									
Cerec Trained /CAD-CAM									
Invisalign									
Implants									
IV Sed / Oral Sedation									
Digital Radiography ☐ Scanx ☐ Dexis ☐ Kodak ☐ Shick ☐ GenDex ☐ Nomad ☐ Tiger View ☐ Other:									
Specialty Experience:									
Dental Software that you are familiar with: ☐ EasyDental ☐ Soft Dent ☐ EagleSoft ☐ Dentrix 11.0 ☐ Dentrix G2 ☐ Dentrix G3 ☐ Dentrix G4 ☐ Dentrix Ascend ☐ Open Dental ☐ Other									
RDH - Clinical yes no comments									
RDH - Clinical yes no comments Home Care Instructions / Cosmetic Imaging / Intra Oral Camera									
Scaling and Root Planing									
Atridox - Arestin									
Digital Radiography Scanx Dexis Kodak Shick Nomad Tiger View GenDex Other:									
Dental Software that you are familiar with: EasyDental Soft Dent EagleSoft Dentrix 11.0 Dentrix G2 Dentrix G3 Dentrix G4 Dentrix Ascend Open Dental Other:									
☐ Bilingual ☐ Own Loops ☐ Have Liability Ins. ☐ Assisted Hygiene ☐ Accelerated 40 min Schedule									
Speciality Experience: Perio Pedo									

Job History

Company				Dhana (
Company			Phone ()			
Address			Supervisor			
Job Title		Starting Salary	\$	Ending Salary	\$	
Responsibilities	_					
From	То	Reason for Leaving	9			
May we contact	your previous supe	rvisor for a reference	e? YES 🗌	NO 🗆		
Company			Phone ()			
Address			Supervisor			
Job Title		Starting Salary	\$	Ending Salary \$		
Responsibilities						
From	То	Reason for Leaving	9			
May we contact	your previous sune	rvisor for a reference	e? YES 🗌	NO 🗌		
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Name:					Phone N	
						number:
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l Name:					Phone N	Number:
l Name:	eet Address				Phone N	Number: M.I.
I Name: Las dress: Stre	eet Address			First	State	Number: M.I. Apartment/Unit #
I Name: Las dress: Stre City mary Phone:	t eet Address (First Cell Phone: (State	M.I. Apartment/Unit # ZIP Code
I Name: Las dress: Stre City mary Phone:	t eet Address (First Cell Phone: _(State	M.I. Apartment/Unit # ZIP Code
I Name: Las dress: City mary Phone: ationship:	eet Address		Applicants St	First Cell Phone: _(State)	M.I. Apartment/Unit # ZIP Code
I Name: Las dress: City mary Phone: lationship: certify that the	eet Address () e information on	this application a	Applicants Sta	First Cell Phone: _(atement d accurate to the l	State) Dest of my know	M.I. Apartment/Unit # ZIP Code
dress: Stre City mary Phone: lationship: certify that the do hereby giv	e information on	this application a	Applicants Stare complete an	First Cell Phone: _(atement d accurate to the lock and reference v	State) Dest of my know	M.I. Apartment/Unit # ZIP Code