



Application for Employment

Personal Information

Full Name: _____
First *M.I.* *Last*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Social Security Number or Government ID: _____

Employment Information

Are you currently employed? Yes No Have you given notice to your employer? Yes No

May we contact your present employer? Yes No Desired Salary? _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?
 Yes No (Proof of citizenship or immigration status will be required upon employment.)

Have you ever been convicted of a felony? Yes No If Yes explain: _____

On what date would you be available to start work? _____

Are you available to work Full Time Part Time Temp Only Temp to Perm Perm Only

What days & times are you available to work?
 Mon Hrs _____ Tues Hrs _____ Wed Hrs _____ Thur Hrs _____ Fri Hrs _____ Sat Hrs _____

Numbers of years in the field you are applying for _____

Education Record

Years Completed (Check)	High School 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	Undergraduate Trade School or College 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Graduate or Professional 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
School Name and Location			
Diploma / Degree			
Specialized Training	<input type="checkbox"/> X-Ray Certified <input type="checkbox"/> CDA <input type="checkbox"/> Coronal Polish Certified <input type="checkbox"/> GA Certified <input type="checkbox"/> Anesthesia <input type="checkbox"/> RDH <input type="checkbox"/> Laser Certified <input type="checkbox"/> CPR Certified <input type="checkbox"/> Daance Certified <input type="checkbox"/> Aaoms Certified <input type="checkbox"/> EFDA		
Seminars and CE Courses attended during the last 2 years.			

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: <input type="checkbox"/> Endo <input type="checkbox"/> Ortho <input type="checkbox"/> Perio <input type="checkbox"/> Pedo <input type="checkbox"/> OS <input type="checkbox"/> Proths		
Insurance Plans: <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> DMO <input type="checkbox"/> AHCCCS		
Dental Software that you are familiar with: <input type="checkbox"/> EasyDental <input type="checkbox"/> Soft Dent <input type="checkbox"/> EagleSoft <input type="checkbox"/> Dentrix 11.0 <input type="checkbox"/> Dentrix G2 <input type="checkbox"/> Dentrix G3 <input type="checkbox"/> Dentrix G4 <input type="checkbox"/> Dentrix Ascend <input type="checkbox"/> Open Dental <input type="checkbox"/> Other: _____		

DA - Clinical	Yes	No
Bilingual		
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 <input type="checkbox"/> Scanx <input type="checkbox"/> Dexis <input type="checkbox"/> Kodak <input type="checkbox"/> Shick <input type="checkbox"/> GenDex <input type="checkbox"/> Nomad <input type="checkbox"/> Tiger View <input type="checkbox"/> Other: _____		
Specialty Experience: <input type="checkbox"/> Endo <input type="checkbox"/> Ortho <input type="checkbox"/> Perio <input type="checkbox"/> Pedo <input type="checkbox"/> Os <input type="checkbox"/> Proths		
Dental Software that you are familiar with: <input type="checkbox"/> EasyDental <input type="checkbox"/> Soft Dent <input type="checkbox"/> EagleSoft <input type="checkbox"/> Dentrix 11.0 <input type="checkbox"/> Dentrix G2 <input type="checkbox"/> Dentrix G3 <input type="checkbox"/> Dentrix G4 <input type="checkbox"/> Dentrix Ascend <input type="checkbox"/> Open Dental <input type="checkbox"/> Other: _____		

RDH - Clinical	yes	no	comments
Home Care Instructions / Cosmetic Imaging / Intra Oral Camera			
Scaling and Root Planing			
Atridox - Arestin			
Digital Radiography <input type="checkbox"/> Scanx <input type="checkbox"/> Dexis <input type="checkbox"/> Kodak <input type="checkbox"/> Shick <input type="checkbox"/> Nomad <input type="checkbox"/> Tiger View <input type="checkbox"/> GenDex <input type="checkbox"/> Other: _____			
Dental Software that you are familiar with: <input type="checkbox"/> EasyDental <input type="checkbox"/> Soft Dent <input type="checkbox"/> EagleSoft <input type="checkbox"/> Dentrix 11.0 <input type="checkbox"/> Dentrix G2 <input type="checkbox"/> Dentrix G3 <input type="checkbox"/> Dentrix G4 <input type="checkbox"/> Dentrix Ascend <input type="checkbox"/> Open Dental <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Bilingual <input type="checkbox"/> Own Loops <input type="checkbox"/> Have Liability Ins. <input type="checkbox"/> Assisted Hygiene <input type="checkbox"/> Accelerated 40 min Schedule			
Speciality Experience: <input type="checkbox"/> Perio <input type="checkbox"/> Pedo			

