

J. R. HARDEN, D.D.S., P.C.

2539 S. Gessner, Suite #01, Houston, Texas 77063

Ph: 713-784-4050 Fax: 713-784-5035

jharden@hardendds.com

Applicant Information

Please answer all questions. Resumes are not accepted in lieu of completion of this application. Note: This document was designed to use with several types of positions. Some questions may not be completely applicable to the job/position you are seeking; however, we ask that you fully complete all areas of information.

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () Cell: () E-mail Address: _____

Social Security No.: _____ Referred By: _____

Position Applied for: _____ Date Available: _____ Desired Salary: \$ _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Employment History (enter most current employer first)

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

SPECIFIC SKILLS:

Have you ever had experience in the following? (Circle NO if NOT within the past three years)

Front Office

Dental Terminology YES NO
 Electronic Claims Submission YES NO
 Insurance Processing YES NO
 Posting Treatment YES NO
 Account Collections YES NO
 Computerized Bookkeeping YES NO
 Outside Financing (Carecredit) YES NO
 Scheduling YES NO
 Facsimile YES NO
 Operate Phone Equipment YES NO
 Management/Goal Setting YES NO
 Online Benefit Verification YES NO
 Submit x-rays by Email YES NO
 Conflict Resolution YES NO
 Treatment Counseling YES NO
 Calculate Co-payments YES NO
 HIPPA Training YES NO
 Emails YES NO
 Other _____
 Other _____

Hygiene

Antimicrobiol Placement YES NO
 Instrument Sharpening YES NO
 Automated Perio Charting YES NO
 Plaque Control Instructions YES NO

Back Office

Four Handed assisting YES NO
 Take, Develop & Mount X-rays YES NO
 Digital X-rays YES NO
 Oral CT-Scan/Imaging YES NO
 Intraoral Camera YES NO
 Oral Photography YES NO
 Tray Set-Up YES NO
 Can you read x-rays YES NO
 Are you x-ray certified YES NO
 Place Matrix Bands YES NO
 Place Dycal YES NO
 Place Rubber Dams YES NO
 Etch & Bond YES NO
 Coronal Polishing YES NO
 Impressions YES NO
 Pour & Trim Models YES NO
 Fabricate temporary crowns YES NO
 Cerec Crown Manufacturing YES NO
 Monitor IV sedation cases YES NO
 Patients on Nitrous Oxide YES NO
 Expanded Duties YES NO
 Chairside Whitening YES NO
 Remove Ortho wires & elastics YES NO
 Oral Surgery YES NO
 Implants YES NO
 Root Canals YES NO

Back Office (con't.)

Manage Inventory YES NO
 Charting YES NO
 C.P.R. Training YES NO
 Charting YES NO

Lab

Set Teeth on Denture/Partial YES NO
 Fabricate custom impression trays YES NO
 Fabricate Occlusional rims YES NO
 Invest/process dentures, partial, guards YES NO
 Articulation of models YES NO
 Soft and relines YES NO
 Other _____ YES NO
 Other _____ YES NO

Software

Dentrix YES NO
 Eaglesoft YES NO
 Practice Works YES NO
 Soft Dent YES NO
 Easy Dental YES NO
 Tigerview YES NO
 Dexis YES NO
 Paperless Software YES NO
 Other _____
 Other _____

Fields/# Years: Endodontics _____ Orthodontics _____ Periodontics _____ Pedodontics _____ Prosthetics _____ O.S. _____

Signature _____ **Date** _____