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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 _____