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| aESTHETIC FAMILY DENTAL CARE  Employment Application | Z:\Common Office Documents\MARKETING\Logos\cropped logo.jpg |
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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | |  | | | | | | | | | First |  | | | | | | | | M.I. | | Date | |  | |
| Street Address | | | |  | | | | | | | | | | | | | | | | | Apartment/Unit # | | | |  | |
| City |  | | | | | | | | | | | State |  | | | | | | | | ZIP |  | | | | |
| Phone |  | | | | | | | | | | | E-mail Address | | |  | | | | | | | | | | | |
|  | | | |  | | | | | | Social Security No. | | |  | | | | | | | Desired Salary | | |  | | | |
| Position Applied for | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 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 | | | |  | | | | | | | | | |
| Are you applying for: | | | | | | | | | Full-Time | | Part-time | |  | | | |  | | | | | | | | | |
| Do you have any restrictions to your schedule? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If hired, what date can you start working? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | |  | | | | | | | | | | | | | | | | | | | | | | | |

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|  |  |  | WHAT IS YOUR SKILL LEVEL? | | |  |  |  | WHAT IS YOUR SKILL LEVEL? | | |
| **OFFICE SKILLS** | YES | NO | FAIR | GOOD | EXCELLENT | **CLINICAL SKILLS** | YES | NO | FAIR | GOOD | EXCELLENT |
| Keyboard Skills |  |  |  |  |  | CPR Training |  |  |  |  |  |
| AR |  |  |  |  |  | Tray Setup |  |  |  |  |  |
| Billing |  |  |  |  |  | 4-handed Dentistry |  |  |  |  |  |
| Collections |  |  |  |  |  | 6-handed Dentistry |  |  |  |  |  |
| Dentrix |  |  |  |  |  | X-rays |  |  |  |  |  |
| Word |  |  |  |  |  | Pour and Trim Models |  |  |  |  |  |
| Business Email |  |  |  |  |  | Coronal Polish Certified? |  |  |  |  |  |
| Excel |  |  |  |  |  | Fabricate Temporary Crowns |  |  |  |  |  |
| Multi-line phone |  |  |  |  |  | Tooth Whitening |  |  |  |  |  |
| Treatment Presentation |  |  |  |  |  | CEREC |  |  |  |  |  |
| Entering Treatment |  |  |  |  |  | Implant related procedures |  |  |  |  |  |
| Dental Terminology |  |  |  |  |  | Ordering |  |  |  |  |  |
| Insurance Processing |  |  |  |  |  | Periodontic Skills |  |  |  |  |  |
| Appointment Scheduling |  |  |  |  |  | Orthodontic Skills |  |  |  |  |  |
| Charting |  |  |  |  |  | OSHA & Safety Regulations |  |  |  |  |  |
| Customer Service |  |  |  |  |  | X-Ray certified? |  |  |  |  |  |
| Scheduling Institute Certified? |  |  |  |  |  | Laser Certified? |  |  |  |  |  |
|  |  |  |  |  |  | Anesthesia Certified? |  |  |  |  |  |

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| **Previous Employment** | | | | | | | | | | | | | | | | |
| 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 |  | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | certificates or licenses if applicaple | | | | | | | |  | | | Type: | | Date Earned | Date Expires | | | | State Issued | | Other Certificates or License(s): | |  | | | | |  |  |  | | --- | --- | | Please give a brief description why you feel you are the right candidate for this position | | |  |  | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview  may result in my release. | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | Date |  | | |