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| aESTHETIC FAMILY DENTAL CAREEmployment 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 [ ]  |  |
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| certificates or licenses if applicaple |
|  | Type: |
| Date Earned |  Date Expires | State Issued |
| Other Certificates or License(s): |  |

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| Please give a brief description why you feel you are the right candidate for this position |
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| 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 |  |