

Employment Application

Complete in cursive (longhand) writing.

Date: _____

Name: _____

Address: _____ City: _____ Zip Code: _____

Telephone: (____) _____ Social Security Number: _____

E-mail: _____ Fax: _____

How long have you been in this area? _____ Are you at least 18 years of age? _____

Please list any other biographical or family data you think pertinent.

Education is possession of knowledge, an ability or a skill. List educational background or training opportunities which you think would affect your work here:

Are you a Certified/Registered Dental Assistant? _____ Licensed Dental Hygienist? _____

Are you proficient in another language? _____

If so, describe your skills _____

List dentists with whom you have worked, employment dates, and position (job title)

List skills developed while working as a dental assistant and/or hygienist:

List clerical or business skills and experience:

What do we need to modify in the physical facility, equipment, or patient treatment procedures in order to accommodate you should you be hired?

Employment interest: Full-time _____ Part-time _____

Specify days and hours if part-time: _____

Position applied for: _____

Right or left handed: _____ Does the sight of blood bother you? _____

Do you enjoy working with children? _____ Do you enjoy working with disabled

people? _____ Do you enjoy working with older people? _____

Employment History:

1. Most recent job: Employer _____
Business phone: _____ From: _____ To: _____
Address: _____
Position: _____ Job Duties: _____
Monthly beginning salary _____ Monthly last salary _____
Reason for leaving _____

2. Second most recent job: Employer _____
Business phone: _____ From: _____ To: _____
Address: _____
Position: _____ Job Duties: _____
Monthly beginning salary _____ Monthly last salary _____
Reason for leaving _____

3. Third most recent job: Employer _____
Business phone: _____ From: _____ To: _____
Address: _____
Position: _____ Job Duties: _____
Monthly beginning salary _____ Monthly last salary _____
Reason for leaving _____

May we contact the employers listed? _____ If not, please indicate which ones we may contact: _____

Describe any other relevant work experience you would like us to know which might have a relationship to the position for which you are applying: _____

Have you ever been involved in an emergency situation? _____

Briefly describe your involvement and how you handled it: _____

What prompted you to apply for a job in this office? _____

Hobbies; interests? _____

List three personal references with email addresses: _____

False information given on this application may result in dismissal without notice should the applicant be hired.

Applicant's signature _____

This application will be retained for six months before secure disposal.