

APPLICATION FOR ORTHODONTIC OFFICE EMPLOYMENT

Date: _____ For what position are you applying? _____

Last Name	First	Middle	Home Phone: (_____) _____
			Business Phone: (_____) _____
Address (Number, City, State, Zip)			Are you at least 18 years old? [] Yes [] No (If no, please provide work permit)
Social Security Number		Do you have the legal right to work in the U.S.? [] Yes [] No (Proof will be required upon employment)	

EXPERIENCE AND SKILLS

OFFICE SKILLS	Yes	No	WHAT IS YOUR SKILL LEVEL?			CLINICAL SKILLS	Yes	No	WHAT IS YOUR SKILL LEVEL?		
			Fair	Good	Exc.				Fair	Good	Exc.
Typing (word per minute)						CPR Training					
Bookkeeping (pegboard)						4 handed dentistry					
Bookkeeping (computer)						Tray setup					
Computer						Trace Headplates					
10-key Adding Machine						Pour/Trim Models					
Account Collections						Sterile Techniques					
Treatment Presentation						Take/ Develop X-rays					
Fee Presentation						Identify Decay					
Medical Terminology						Plaque Control Instructions					
Insurance Processing						Arch Wires					
Appointment Scheduling						Place and Litigate					
Charting						Arch Wire Removal					
						Litigature Tie/Removal					
						Bands-Fit/Removal					
						Impressions					
						OSHA & Safety Regulations					

EDUCATION

	Name of School and Address	Graduated	# of Years	Course or Major
High School		Y / N		
College		Y / N		
Post Graduate		Y / N		
Special Courses or Training		Y / N		
Additional Special Courses or Training		Y / N		

CERTIFICATES OR LICENSES

	X-RAY	ASST	LPN	RN				CPR	Other
Certificate/License #									
Date Earned									
State Issued									
Current Through (give date)									

GENERAL INFORMATION

Can you fulfill the job duties and responsibilities of the position for which you are applying as they have been described to you, with or without a "reasonable" accommodation?				[] Yes [] No		
Are you available for the work hours required of the position for which you are applying?				[] Yes [] No		
If applicable, do you have the required license(s) to perform the job?				[] Yes [] No		
Have completed all Hepatitis vaccination requirements?				[] Yes [] No		
Can your vacations be arranged at practice convenience? If no, please explain:				[] Yes [] No		
Do you illegally use drugs?				[] Yes [] No		
Have you ever been convicted of a crime other than a traffic violation? If yes, please attach explanation. (Note: A conviction does not necessarily bar employment)				[] Yes [] No		
Date available to start?						
Salary requirements:		\$ _____/hour	\$ _____/daily	\$ _____/month		
Benefit requirements:						
Please indicate your availability to work:		[] Days	[] Evenings	_____ Days/wk	_____ Hrs/wk	Hours from _____ to _____
Circle the days of the week you will NOT be available to work: Mon Tue Wed Thu Fri Sat Sun						

EMPLOYMENT / WORK EXPERIENCE

List the last 7 years, including periods of self-employment or unemployment. Answer all questions here and throughout this employment application—**do not substitute with a resume**. List present or most recent position first. Attach additional pages if needed.

Name of employer:		Address (Number, City, State, Zip):		Phone:	
Employed: From and To (Month and Year)		Position(s) Held:		Supervisor's Name and Title:	
Average # of hours worked per week:		Rate of Pay: Starting and Ending		Your last name at time of employment:	
Describe your duties:					
Give specific reason(s) for leaving:					
May we contact this employer: [] Yes [] No					

Name of employer:		Address (Number, City, State, Zip):		Phone:	
Employed: From and To (Month and Year)		Position(s) Held:		Supervisor's Name and Title:	
Average # of hours worked per week:		Rate of Pay: Starting and Ending		Your last name at time of employment:	
Describe your duties:					
Give specific reason(s) for leaving:					
May we contact this employer? [] Yes [] No					

**APPLICATION FOR
ORTHODONTIC OFFICE EMPLOYMENT**

Name of employer:	Address (Number, City, State, Zip):	Phone:
Employed: From and To (Month and Year)	Position(s) Held:	Supervisor's Name and Title:
Average # of hours worked per week:	Rate of Pay: Starting and Ending	Your last name at time of employment:
Describe your duties:		
Give specific reason(s) for leaving:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ THE FOLLOWING AND SIGN BELOW

GENERAL AGREEMENT

If hired, I will provide legal proof of identity and authority to work in the United States. I agree to conform to the rules and standards of the practice, as amended from time to time at the employer's discretion. I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. I hereby certify that the information contained in this application form is true and correct to the best of my knowledge.

EMPLOYMENT RELATIONSHIP

If hired, I understand that employment with the practice is not for a specified term and can be terminated "At Will", with or without cause, and with or without notice, at any time, either at the option of the employee or the employer. No employee or representative of the practice, other than its owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the employer may not alter the "At-Will" nature of the employment relationship unless it is done specifically in writing and is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the "At-Will" nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

AUTHORIZATION OF REFERENCE AND BACKGROUND CHECKING

All offers of employment are conditioned upon receipt of satisfactory responses to reference requests and background inquires and exams. Unless I have otherwise indicated above, I authorize the references listed, as well as all other individuals who may be contacted, to provide any and all information concerning my previous employment, background, and any other pertinent information that they may have. Additionally, contingent upon a conditional offer of employment and as part of screening for the position for which I am applying, if required, I agree to take a physical exam, drug test, and/or authorize a background check which may include a review of criminal convictions, driving record and credit history. Further, I release all parties and persons from all liability for any damages that may result for furnishing the practice with such information as well as from the use or disclosure of such information by the employer or any of its agents, employees or representatives.

I hereby waive my right to receive a copy of any public record(s) obtained from the prospective employer checking references.

Applicant's signature: _____ Date: _____

Application forms will be retained for a period of 3 years.

Note: This Application for Employment was prepared for general use throughout the United States and in consultation with legal counsel. It is designed to comply with Federal and State Fair Employment Practice laws. However, since State and local laws vary, Bent Ericksen & Associates assumes no responsibility for the inclusion in this application form of any questions that may violate Federal, State, or local laws.