



It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Are you listed on the Excluded Parties Listing Services and prohibited from participating in Medicaid Programs? Yes No

Name: Last _____ First _____ Middle _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Position applied for: Dental Assistant Front Office Staff Insurance & Billing Specialist Office Manager

When can you start: _____ Desired Wage per Hour: \$ _____

Are you legally eligible to work in the U.S. on an unrestricted basis? Yes No

Are you looking for full time employment? Yes No If no, what hours are you available? No preference

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____

Are you available to work on Saturdays? Yes No

What is the highest educational degree you hold? _____

Name of Institution attended: _____

Do you speak any languages other than English? Yes No If yes, which languages? _____

Do you have prior dental experience? Yes No If yes, in what position? _____

Do you have any certifications related to dentistry? Yes No Please list: _____

Do you have Practice Management Software experience? Yes No If yes, what software? _____

In addition to your work history, are there are other skills, qualifications, or experience we should consider:

How did you hear of this opening? _____

PLEASE ATTACH RESUME IF AVAILABLE

Employment History 1:

Company name, address, telephone: _____ Position Title: _____ Dates Worked: _____ Pay Rate: _____

_____ \$ _____

_____ Job Duties: _____

Supervisor: _____ Reason for leaving: _____ May we contact? Yes No

Employment History 2:

Company name, address, telephone: _____ Position Title: _____ Dates Worked: _____ Pay Rate: _____
\$ _____
_____ Job Duties: _____
Supervisor: _____ Reason for leaving: _____ May we contact? Yes No

Reference 1:

Reference's name, address, telephone: _____ Relationship to Applicant _____

_____ May we contact? Yes No

Reference 2

Reference's name, address, telephone: _____ Relationship to Applicant _____

_____ May we contact? Yes No

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.

Signature _____ Date _____