

APPLICATION FOR ORTHODONTIC OFFICE EMPLOYMENT

Date: _____ For which position are you applying? _____

Please Write Legibly

Name: _____

Telephone: Home () _____ Social Security No. _____

Business () _____ Work Permit No. _____
(if a minor and if applicable)

Address: _____
Street City Zip

Can you legally work in the United States? YES NO (Please provide proof)

Have you ever been convicted of a felony? YES NO

* If you are bilingual, what languages do you speak, read, or write? _____
(*This question may only be asked if it is job related)

EXPERIENCE AND SKILLS

Have you had experience in the following: (Check the last column space if NOT within the last three years)

	YES	NO	# of Yrs.	prior to 3 years ago		YES	NO	# of Yrs.	prior to 3 years ago
Typing (W.P.M. _____)					Fixed appliance removal				
Computerized scheduling					Fit lingual arches and headgears				
Computerized bookkeeping					Take, develop and mount x-rays				
Accounts collections					Pour and trim models				
Accounts payable					Fabricate appliances				
Treatment presentation					Trace cephs				
Fee presentation					Bend wires				
Insurance processing					Plaque control instructions				
Charting					Fit bands				
Dental terminology					Form archwires				
Heat sterilization					Take impressions				

EDUCATION

Last high school attended	Location	Check last grade completed
		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

COLLEGE, TRADE SCHOOL OR SPECIAL TRAINING

Name of school	Location	Degrees/Certificate	Major

INDICATE CURRENT DENTAL CERTIFICATES OR LICENSES

1. X-ray _____ 2. CDA _____ 3. EDDA/RDA _____ 4. RDH _____ 5. DH/EF _____ 6. Coronal polish _____
7. Expanded function RDA _____ 8. Others _____

DENTAL CERTIFICATES OR LICENSES (Indicate number of years' experience for each)

1. X-ray _____ 2. CDA _____ 3. EDDA/RDA _____ 4. RDH _____ 5. DH/EF _____ 6. Coronal polish _____
7. Expanded function RDA _____ 8. Others _____

Check time willing to work:

- Days Evenings No. of days per week _____
- Overtime occasionally if necessary
- Full-time Part-time Hours per week _____

If offered employment, when can you start? _____

Have you given notice to your present employer?

- YES NO

Have you ever been bonded? YES NO

Do you know of any reason why you cannot be bonded? _____

Salary Requirement: _____

What is your anticipated length of employment? _____

Circle days of week you will **not** be available for work
MON TUES WED THURS FRI SAT SUN

Can your future vacations be arranged at the convenience of the office? YES NO

Salary requirement: _____

Do you have any fringe benefit needs? YES NO

Please explain: _____

Do you smoke? YES NO

PREVIOUS EMPLOYMENT

List present, or most recent, position first. Please cover last 10 years of employment. Resume may be substituted for employment history detail. May we contact your present employer? YES NO

1. Name of Employer _____ Your last name while employed _____

Address _____ Telephone Number () _____

Position
 Office Manager Receptionist Bookkeeper Dental Assist. Hygienist Lab Technician Other

Description of your job _____

Dates of employment _____ Length of employment _____ Years
 Date Hired _____ Date separated _____ Months

Earnings
 Salary when hired \$ _____ Salary at separation \$ _____

Reason for leaving _____

Supervisor's Name _____ Title _____ Telephone Number () _____

2. Name of Employer _____ Your last name while employed _____

Address _____ Telephone Number () _____

Position
 Office Manager Receptionist Bookkeeper Dental Assist. Hygienist Lab Technician Other

Description of your job _____

Dates of employment _____ Length of employment _____ Years
 Date Hired _____ Date separated _____ Months

Earnings
 Salary when hired \$ _____ Salary at separation \$ _____

Reason for leaving _____

Supervisor's Name _____ Title _____ Telephone Number () _____

3. Name of Employer _____ Your last name while employed _____

Address _____ Telephone Number _____
()

Position
 Office Manager Receptionist Bookkeeper Dental Assist. Hygienist Lab Technician Other

Description of your job _____

Dates of employment _____ Length of employment _____ Years
 Date Hired _____ Date separated _____ Months

Earnings
 Salary when hired \$ _____ Salary at separation \$ _____

Reason for leaving _____

Supervisor's Name _____ Title _____ Telephone Number _____
()

4. Name of Employer _____ Your last name while employed _____

Address _____ Telephone Number _____
()

Position
 Office Manager Receptionist Bookkeeper Dental Assist. Hygienist Lab Technician Other

Description of your job _____

Dates of employment _____ Length of employment _____ Years
 Date Hired _____ Date separated _____ Months

Earnings
 Salary when hired \$ _____ Salary at separation \$ _____

Reason for leaving _____

Supervisor's Name _____ Title _____ Telephone Number _____
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In addition to your work experience, what other experiences, skills, qualifications would especially prepare you to work in our office? _____

We recognize your right to terminate your employment, at will, whenever you choose for any reason. This office reserves to itself the same right.

I understand the information on this application is subject to verification, and I further understand that any false statements or omissions may be cause for dismissal if hired.

Signature of applicant _____

Date _____

PRE-INTERVIEW INFORMATION

Complete the following information in your own handwriting.

1. Please state which of your previous positions you enjoyed the most and explain why.

2. Please state which of your previous positions you enjoyed the least and explain why.

3. Briefly describe your short-term (1-year) employment goals.

4. Briefly describe your long-term (5-year) employment goals.

Additional forms may be ordered from:

HUMMINGBIRD ASSOCIATES
Post Office Box 10279
Bainbridge Island, WA 98110
(206) 842-2661 OR (800) 552-7558

This application for Employment was prepared for general use throughout the U.S. in consultation with our legal counsel. It is designed to comply with Federal and State fair employment practice laws. However, since State and local laws do vary widely, Hummingbird Associates assumes no responsibility for the inclusion in this application of any questions which may violate Federal, State, or local laws.