



Date: _____

Name: _____ Position: _____

Address: _____
STREET CITY STATE ZIP CODE

Cell Phone: _____ Home Phone: _____ Email: _____

Can you legally work in the U.S.? Yes No *If no, work permit or type of verification:* _____

Social Security Number: (provided to dental office if requested) _____

Work Availability:

Days of the week you are willing to work: *(Please check all that apply)* **M** **T** **W** **Th** **F** **S**

Do you have any restrictions in starting/stopping hours? Yes No *If yes, please explain:* _____

What areas of town are you willing to work in? _____

Hourly Rate: _____ Date available to start: _____

General Information:

Have you ever been convicted of a felony? Yes No

If you are bilingual, what other languages do you speak? _____ Read Write

What type of work are you seeking? Temporary Permanent Both

If you are a hygienist, do you mind working an accelerated schedule? Yes No

Emergency Contact: _____
NAME ADDRESS PHONE

Education: (Complete only if not on resumé)

Name of School	Location	Degree/Certificate	Major

Dental Certificates or Licenses: (Complete only if not on resumé)

	EDDA/RDA	CDA	RDH	X-Ray	C.P.R	Anesthesia	Other
License #							
Date Earned							
State Issued							
Expir. Date							

Dental Software Experience: (Please check all that apply)

	None	Fair	Good	Excellent
SoftDent				
Dentrix				
Eaglesoft				
PracticeWorks				
Other:				
Other:				
Other:				

Authorization to check references

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and I agree to have any of the statements checked unless I have indicated the contrary. I authorize any employers provided on my resume or reference list to be contacted concerning my previous employment. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information.

Applicant Signature: _____ Print Name: _____ Date: _____