



Application for Employment

It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statues, regulations and ordinances. However, our policy excludes consideration of candidates with felony convictions, and/or any convictions which involve illegal drugs or violence.

Date _____ Social Security Number ____ - ____ - ____

How did you learn about Dependable Dental Staffing? _____

Applicant Name _____
Last First Middle

Present Address _____
Street City State, Zip Apt.#

Previous Address _____
(If less than 12 months) Street City State, Zip Apt.#

Home Phone (____) _____ Cell (____) _____ Email Address _____

1. _____ 2. _____ 3. _____
Name of Position(s) for which you are Applying

Salary Requirement _____ Date Available for Work _____

Are you at least 18 years of age? Yes ___ No ___ Legally Authorized to Work in the U.S.? Yes ___ No ___

How far (in miles) are you willing to Travel? _____ Miles

Do you have adequate means of transportation to get to work on time each day and when called in to work on short notice during normal working hours? Yes ___ No ___

If overtime works is required, does this pose a problem for you? Yes ___ No ___

Are you able to perform the essential job related functions of the position for which you are applying with or without accommodations? Yes ___ No ___

If no, please describe any accommodations necessary: _____

Have you ever been convicted of a crime and/or released from confinement following a conviction for any criminal offense? Yes ___ No ___ (Please note Arrest or Charges that have been expunged need not be disclosed)

If Yes, give date, place and nature of such conviction _____

Are you presently charged with any violation of the law? Yes ___ No ___

If Yes, give date, place and nature of such charge _____



Dependable Dental Staffing
 P.O. Box 3893
 Richmond, VA 23235
 Phone 804-272-8232
 Fax 804-918-0250

Educational History

Type of School	Name of School City and State	Circle Last Year Degree Completed	Certification	Program
High School GED		9 10 11 12 Grad/GED ___ Yes ___ No		
College		1 2 3 4 Graduated ___ Yes ___ No		
College		1 2 3 4 Graduated ___ Yes ___ No		
Graduate School		1 2 3 4 Graduated ___ Yes ___ No		
Other		From _____ to _____		

List any professional licenses, registration or certification you possess (Include Driver's License)

Type	State Issued	Expiration Date	Number
1.			
2.			
3.			
4.			
5.			

Please review and sign where indicated:

In submitting this application for employment:

- I certify that the information in the application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment; and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics and mode of living; whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES.
- I understand that the facility reserves the right to require the employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses and briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to urinalyses, blood test or search, when requested to do so, may result in termination of employment.
- I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM, AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THE STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE FACILITY.

Release:

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript, and if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my license history.

I have read and understand these conditions of employment

Signature _____ Date _____



Employment History

Please provide the most recent employment history (10 years) including any period of unemployment.

Mo./Yr. _____ to Mo./Yr. _____ Company _____
Phone Number _____ Immediate Supervisor _____
Address _____ May we contact? _____ Yes _____ No
Job Title _____ Pay Rate _____ Reason for Leaving _____
Job Duties _____

Software Used _____

Mo./Yr. _____ to Mo./Yr. _____ Company _____
Phone Number _____ Immediate Supervisor _____
Address _____ May we contact? _____ Yes _____ No
Job Title _____ Pay Rate _____ Reason for Leaving _____
Job Duties _____

Software Used _____

Mo./Yr. _____ to Mo./Yr. _____ Company _____
Phone Number _____ Immediate Supervisor _____
Address _____ May we contact? _____ Yes _____ No
Job Title _____ Pay Rate _____ Reason for Leaving _____
Job Duties _____

Software Used _____

Mo./Yr. _____ to Mo./Yr. _____ Company _____
Phone Number _____ Immediate Supervisor _____
Address _____ May we contact? _____ Yes _____ No
Job Title _____ Pay Rate _____ Reason for Leaving _____
Job Duties _____

Software Used _____

Mo./Yr. _____ to Mo./Yr. _____ Company _____
Phone Number _____ Immediate Supervisor _____
Address _____ May we contact? _____ Yes _____ No
Job Title _____ Pay Rate _____ Reason for Leaving _____
Job Duties _____

Software Used _____



Dependable Dental Staffing
 P.O. Box 3893
 Richmond, VA 23235
 Phone 804-272-8232
 Fax 804-918-0250

SKILLS SURVEY SHEET

Name: _____

Position: _____

Location(s): _____

Available: _____

POSITIONS

- ___ Dental Assistant ___
- ___ Dental Hygienist ___
- ___ Dental Receptionist ___
- ___ Dental Bookkeeping ___
- ___ Dental Billing ___
- ___ Dental Lab Tech ___
- ___ Dental X-Ray Tech ___
- ___ Front Office Manager ___
- ___ Dental Office Manager ___
- ___ Insurance Coordinator ___
- ___ Orthodontic Assistant ___
- ___ Chairside Assist ___
- ___ Consult Coordinator ___
- ___ Hygiene Coordinator ___

SUBSPECIALTIES

- ___ Oral Surgery ___
- ___ Implant Dentistry ___
- ___ Cosmetic Dentistry ___
- ___ Endodontics ___
- ___ Maxillofacial Surgery ___
- ___ Orthodontics ___
- ___ Prosthodontics ___
- ___ Pediatric Dentistry ___
- ___ Periodontics ___
- ___ Other
- _____
- _____
- _____
- _____

CERTIFICATION/REGISTRATION

- ___ Sedation/X-ray ___
- ___ Dental Lab Tech ___
- ___ Dental X-Ray Tech ___
- ___ OSHA Certification ___
- ___ Use of Lasers for DDS only

DENTAL RECORDS

- ___ Manual ___
- ___ Electronic ___

SKILLS

- ___ 4 Handed Assist ___
- ___ 6 Handed Assist ___
- ___ Operator Autoclave ___
- ___ Appliances ___
- ___ Temporary Crown ___
- ___ Permanent Crown ___
- ___ Digital X-Ray ___
- ___ Impressions ___
- ___ InterOral Camera ___
- ___ Digital Camera ___
- ___ Biolaze ___
- ___ Water Laze ___
- ___ Fully Electric Hand Piece ___
- ___ Air Abrasion ___
- ___ Integrated Piezo Scaler ___
- ___ Dental Dam ___
- ___ Trim Models ___
- ___ CDT Coding ___
- ___ Cavitron Scaler ___
- ___ Prophy Jet ___
- ___ Placing Arestin ___
- ___ Using Oraquix ___

LANGUAGE (S)

- ___ English
- ___ Spanish
- ___ _____
- ___ _____

COMPUTER SYSTEMS

- ___ Dentrax
- ___ Practice Works
- ___ Softdant
- ___ Eagle Soft
- ___ Ortho View
- ___ Kodak Digital Imaging

Other: Please Specify
