

Decatur Children's Dentistry

Application for Dental Office Employment

Applicant Information

Full Name:	Date:
Address:	Home Phone: () Cell Phone: ()
Are you at least 18 years old? []Yes []No (If no, please provide work permit.)	Are you a citizen of the United States? []Yes []No If no, are you authorized to work in the U.S.? []Yes []No
Social Security Number	Are you bilingual? []Yes []No What languages?
For what position are you applying?	Date Available for Employment:
Desired Salary:	Have you ever been convicted of a crime other than a traffic violation? []Yes []No
What is your ideal number of hours per week?	Circle the days of the week you will NOT be available to work: Mon Tue Wed Thur Fri Sat

Education

	Name of School & City	Graduated	# of Years	Course or Major
High School		Y / N		
College		Y / N		
Post Graduate		Y / N		
Special Courses or Training		Y / N		

Certificates or Licenses

	X-Ray	RDA	RDA/EF	RDH	RDH/EF	Cor.Polish	CPR	Other
Certificate/License #								
Date Earned								
State Issued								
Current Through (give date)								

Work References (Someone who has been an employer, supervisor, co-worker, volunteer, etc... No family or friends)

1)Name:	Relationship:
Phone Number:	Alt Phone Number:
2)Name:	Relationship:
Phone Number:	Alt Phone Number:
3)Name:	Relationship:

Phone Number:	Alt Phone Number:
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Experience and Skills

Have you ever had experience in the following? Level of skill; **F**-Fair, **G**-Good, **E** -Excellent

Front office	Yes	No	F/G/E	Back Office	Yes	No	F/G/E
Dental Terminology				Assisted Hygiene			
Electronic Claim submission				Four Handed Assisting			
Insurance Processing				Digital X-rays			
Online Benefit Verification				Imaging – Attach, Copy, E-mail			
Calculate Co-payment				Intraoral Camera			
Account Collections				Oral Photography			
Outside Financing (CareCredit)				Tray Set Up			
Scheduling				Place Matrix Band			
Organizing Treatment Plans				Isolite			
Presenting Treatment Plans				Impressions			
Computerized Bookkeeping				Pour & Trim Models			
Management/Goal Setting				Monitor Sedation Cases			
Conflict Resolution				Chairside Whitening			
HIPPA Training				Remove Ortho wires & elastics			
OSHA & Safety				Oral Surgery			
Dentrix Software				Other			

Recent Interviews

Name of Doctor/Office	Location

Employment History (Start with most current employer, listing your past 7 yrs. Continue on next page if necessary.)

1)Company		Phone	
Address		Supervisor	May we contact?
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for leaving	
2)Company		Phone	
Address		Supervisor	May we contact?
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for leaving	
3)Company		Phone	
Address		Supervisor	May we contact?
Job Title	Starting Salary	Ending Salary	

Responsibilities		
From	To	Reason for leaving

1) What factors would contribute to your sense of job satisfaction?

2) What aspects of your current position do you find most enjoyable and what do you find least enjoyable?

Disclaimer and Signature

I certify my answers are true and complete to the best of my knowledge. I authorize Dr. Gayla Ballou and Decatur Children's Dentistry (DCD) to make such investigations and inquires of my personal, employment, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release Dr. Ballou, DCD, employers, schools, or persons from all liability in responding to inquires in connection with my application.

In the event I am employed, I understand and agree my employment is AT WILL and I may be terminated (by myself or DCD) at any time with or without prior notice or cause. I understand false, misleading, or omission of information given in my application or interview(s) may result in termination. Applicants who are accepted for employment with DCD should understand while every effort is made to provide continuous work, there are no employment contracts and the permanency of any position is not guaranteed.

If offered employment, I give full consent to a background check. DCD has a zero tolerance drug and tobacco policy; I understand and can comply with all aspects of the policy. I understand and agree as a condition of continued employment, I will be required to take a drug and/or alcohol test as part of any work related accident investigation.

Applicant Signature

Date