

## Application for Employment

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number and State \_\_\_\_\_

Are you interested in full time or part time work? \_\_\_\_\_

Days and hours available to work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you been in the dental field? \_\_\_\_\_

Please list any expanded duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have computer skills? \_\_\_\_\_

Are you familiar with any dental software? \_\_\_\_\_

Which one? \_\_\_\_\_

List any Professional Associations you may be affiliated with: \_\_\_\_\_

\_\_\_\_\_

List any special certifications you may hold \_\_\_\_\_

\_\_\_\_\_

Please list name, address and phone number of a Professional reference you may have, (Former employer, Professor, etc. – does not have to be a dental professional).

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Please list name, address and phone number of a friend or relative (other than someone you live with).

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May we contact these references? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby certify that the above is true.

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Name

Date