


**C H A N D L E R**  
**Dental Health**  
**Employment Application**

**General Information**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip+4

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ Position Desired: \_\_\_\_\_  
Home Other

Salary Expected: \_\_\_\_\_ Benefit Requirements: \_\_\_\_\_

What is your anticipated length of employment? \_\_\_\_\_ Work Permit #: \_\_\_\_\_

Are you eligible for employment in U.S.A.?  Yes  No

Have you ever been convicted of a criminal offense?  Yes  No

If yes, state offense, date and location: \_\_\_\_\_

Are you currently employed?  Yes  No Have you given notice to your employer?  Yes  No

May we contact your present employer?  Yes  No When are you available to start work? \_\_\_\_\_

Time you are willing to work:  Full Time  Part Time Hours / Week: \_\_\_\_\_

Days  Evenings Days / Week: \_\_\_\_\_

**Please Note: You will be considered for employment without regard to your race, color, creed, sex, religion, marital status, national origin, age or any other legally protected status.**

**Education**

	High School				Trade School or College				Graduate / Professional			
<b>School Name</b>												
<b>Address</b>												
<b>Year Completed (Circle)</b>	9	10	11	12	1	2	3	4	1	2	3	4
<b>Dates Attended</b>												
<b>Diploma / Degree</b>												

Dates Earned:

X-Ray \_\_\_\_\_ CDA \_\_\_\_\_ RDA \_\_\_\_\_ RDH \_\_\_\_\_

Others: \_\_\_\_\_

Continuing education courses taken in the last two years: \_\_\_\_\_

## Experience and Skills

Check YES for the skills in which you have experience. Indicate the number of years experience. Check NO if you have NOT performed the task within the last 3 years.

Business	Yes	No	# of years
Appointment Scheduling, Manual			
Appointment Scheduling, Computer			
Pegboard Bookkeeping System			
Computer Bookkeeping System			
Computer Data Entry			
Typing (WPM _____)			
Operating Recare System			
Billing			
Accounts Payable			
Account Collections			
Treatment Plan Presentation			
Fee Presentation			
Making Financial Arrangements			
Past Due Account Contact			
Insurance Processing			
Electronic Claims Transmission			
Other:			

Clinical Skills	Yes	No	# of years
Charting			
Take, Develop, Mount X-Rays			
Digital Radiography			
Cosmetic Imaging			
Pour & Trim Models			
Fabricate Temporary Crowns			
4 Handed Assisting (General)			
Assist Crown/Bridge			
Assist Endodontics			
Assist Oral Surgery			
Assist Orthodontics			
Assist Operative			
Assist Periodontics			
Assist Pedodontics			
Home Care Instructions			
Coronal Polishing			
Soft Tissue Management			
PSR (Perio Screening & Recording)			
Intra Oral Camera			

Do you have any physical condition that could limit your ability to perform the job for which you have applied?  Yes  No If yes, explain: \_\_\_\_\_

Do you speak a language other than English, which could be relevant or helpful in the position for which you have applied?  Yes  No Language(s): \_\_\_\_\_

## Personal Insight

In your previous positions, what duties did you enjoy doing most and why?

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In your previous positions, what duties did you enjoy doing least and why?

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Describe a career obstacle that you encountered in the past and explain how you overcame it.

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Rank the following descriptive words from 1 to 12, with 1 being the most important and 12 being the least important, regarding what you are looking for in an employment opportunity.

	Feedback		Hours to Fit My Schedule
	Career Advancement		Friendly Co-workers
	New Skills		To Be Appreciated
	Performance Objectives		Help Patients
	Annual Increases		Job Security
	Continuing Education		Support

## Employment History

List your present or most recent job first. Cover the last 10 years of employment. Resume may not be substituted.

Employer		Dates Employed		Work Performed / Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed / Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed / Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
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Employer		Dates Employed		Work Performed / Duties
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Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed / Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

### References

List name, address and phone number of 3 references who are not related to you and are not previous employers.

1. \_\_\_\_\_  
Name                                  Address                                  Phone Number
2. \_\_\_\_\_  
Name                                  Address                                  Phone Number
3. \_\_\_\_\_  
Name                                  Address                                  Phone Number

The information given on this application is accurate. I understand that the furnishing of any misleading or incorrect information will render this application void and will be just cause of immediate termination in the event of my employment. I hereby grant permission to Chandler Dental Health, PLLC or its duly authorized representatives to contact any persons, companies, schools or health care providers named or referred to in the application and I hereby authorize these persons, companies, schools or health care providers to provide my record, reasons for leaving, and all other information they have concerning me to Chandler Dental Health, PLLC. I further release all such parties and Chandler Dental Health, PLLC from any and all liability claims for damage whatsoever that may result from such contact or information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_