



Children's Dental FunZone
Employment Application
Fax: 323-255-9634
evelyn@evelynca.com

Last Name:		First Name:	
Date Of Birth:		Social Security:	
Current Address:		City, State, Zip	
Home Telephone:		Mobile Telephone:	

Desired Employment				
Position:		Are you employed now	Yes	No
Date you can start:		If so may we inquire your present employer:	Yes	No
		Ever applied to this company before:	Yes	No
Are you 18 years or older:	Yes	No	Do you have any relatives working for this company?	Yes No

OFFICE SKILLS	YES	NO	Clinical skills	YES	NO
Keyboard skills			CPR training		
Computer			Tray setup		
Excel			4-handed dentistry		
Multi line phone skills			6-handed dentistry		
Account collections			Take, develop, mount x-rays		
Treatment presentation			Pour & trim models		
Dental terminology			Plaque control instructions		
Insurance processing			Orthodontic skills		
Appointment scheduling			Osha & safety regulations		
Charting					

Certificates or Licenses	X-RAY	CPR	DA	RDA	RDA/EF	OTHER
Certificate/license #						
Date earned						
State issued						
Current through						

Education & Training			
School level	Name & location of school	# of years attended	Did you graduate
High School			
College			
Trade or business School			
Special training			
Special Skills			

Work Experience: Begin with your most recent position, please attach resume	
Employer:	Employer:
Address:	Address:
City/State	City/State
Telephone Number:	Telephone Number:
Supervisor:	Supervisor:
May we contact: Yes No	May we contact: Yes No
Dates Employed From: To:	Dates Employed From: To:
Start Rate Of Pay:\$ Final Rate Of Pay:\$	Start Rate Of Pay:\$ Final Rate Of Pay:\$
Worked Performed:	Worked Performed:
Reason For Leaving:	Reason For Leaving:

Personal Reference: Please list name, address, telephone number, and relationship to you.			
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Relationship:		Relationship:	

Have you been convicted of a felony within the last 5 years? If yes, explain (will not necessarily exclude you from consideration)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the preferences and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that if hired with the practice is not for a specified term and can be terminated "AT WILL" (i.e. for no definite period) at any time with or without prior notice or cause. No employee has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless if is in writing and signed by an authorized company representative.

Applicant's Signature

Date

Office Use Only

Date of Interview		Date of Hire	
Salary \$		Employee #	

Forms for Employees

W-4	1-9 Employment Elig.	Labor Code 2810.5	
Employee Handbook	Office Rules		

Copy of Cards/Certificates

ID	SOCIAL SECURITY	PERM. RESIDENT	CPR
X-RAY	HBV VACC	DA	RDA