



5. Children's Dental FunZone

www.cdfzone.com

800-717-KIDS

Employment Application

Last Name:		First Name:	
Current Address:		City, State, Zip	
Email Address:		Mobile Telephone:	

Desired Employment				
Position:		Are you employed now	Yes <input type="radio"/>	No <input type="radio"/>
Date you can start:		If so may we inquire your present employer:	Yes <input type="radio"/>	No <input type="radio"/>
Bilingual Y/N	What Language?	Ever applied to this company before:	Yes <input type="radio"/>	No <input type="radio"/>
Are you 18 years or older:	Yes <input type="radio"/>	No <input type="radio"/>	Do you have any relatives working for this company?	Yes <input type="radio"/>
Desired Salary / Hourly Rate		Referred by:		

OFFICE SKILLS	YES	NO	Clinical skills	YES	NO
Customer service	<input type="radio"/>	<input type="radio"/>	CPR training	<input type="radio"/>	<input type="radio"/>
Computer	<input type="radio"/>	<input type="radio"/>	Tray setup	<input type="radio"/>	<input type="radio"/>
Dentrix software	<input type="radio"/>	<input type="radio"/>	4-handed dentistry	<input type="radio"/>	<input type="radio"/>
Multi line phone skills	<input type="radio"/>	<input type="radio"/>	6-handed dentistry	<input type="radio"/>	<input type="radio"/>
Account collections	<input type="radio"/>	<input type="radio"/>	Take, develop, mount x-rays	<input type="radio"/>	<input type="radio"/>
Treatment presentation	<input type="radio"/>	<input type="radio"/>	Pour & trim models	<input type="radio"/>	<input type="radio"/>
Dental terminology	<input type="radio"/>	<input type="radio"/>	Plaque control instructions	<input type="radio"/>	<input type="radio"/>
Insurance processing	<input type="radio"/>	<input type="radio"/>	Orthodontic skills	<input type="radio"/>	<input type="radio"/>
Appointment scheduling	<input type="radio"/>	<input type="radio"/>	Osha & safety regulations	<input type="radio"/>	<input type="radio"/>
Charting	<input type="radio"/>	<input type="radio"/>			

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

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

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 <input type="radio"/> No <input type="radio"/>	May we contact: Yes <input type="radio"/> No <input type="radio"/>
Dates Employed From: To:	Dates Employed From: To:
Worked Performed:	Worked Performed:
Reason For Leaving:	Reason For Leaving:

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

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

Updated
03/19IS