

Employer: _____

Phone: (____) _____

Address: _____

Employment Dates: _____

Reason For Leaving: _____

Job Title: _____

Supervisor

Job Responsibilities: _____

Experience (Please List Years of Experience)

Clinical

- Endodontics
- Oral Surgery
- Prosthodontics
- Implants
- Pedodontics
- Sealants
- Ortho
 - Place/Remove Arch Wire
 - Place/Remove Ligatures
 - Invisalign
- Four Hand Chair side
- Take X-Rays
 - Digital X-Rays
 - Digital Software _____
- Place Rubber Dam
- Sterilize Instruments
- Impressions
- Cerec
- Charting
 - Paper
 - Paperless
- Pour Models
- Conscious Sedation
- IV Sedation
- Perio Charting
 - Paper
 - Paperless
- Wax Try-In
- Temporary Crowns
- Coronal Polishing
- Intraoral Camera
- Nitrous Oxide
- Whitening

Dental Software

Administrative

- Scheduling Appointments
- Checking out Patients
- Electronic Claim Submission
- Collections
- Treatment Planning
- Email
 - Email Attachments (X-Rays, Docs etc.)
- Fax
 - Accounts Receivable
 - Insurance Verification
 - Phone
 - Fax
 - Internet
- Phone System Operation
- 3rd Party Financing

Hygiene

- Administer Antimicrobial Agents
- Instrument Sharpening
- Soft Tissue Management
- Take X-Rays
 - Digital X-Rays
 - Digital Software _____
- Sterilize Instruments
- Coronal Polishing
- Intraoral Camera
- Whitening

Bilingual? Yes No If yes, what language(s) _____

Have you ever been convicted of a crime? Yes No

If yes, please explain conviction(s), nature of offense(s) leading to conviction(s), date(s), sentence imposed:

Authorization and Declaration

I certify that the information contained in this application is correct to the best of my knowledge.

I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize Carolina Staffing Solutions to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of Carolina Staffing Solutions, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

I have agreed to work for Carolina Staffing Solutions and will not allow myself to be directly Solicited (offices contacting me directly) for temporary or permanent work by any office or healthcare facility where CSS has made initial introduction or placement of a temporary assignment, or interview for permanent employment. If I am asked to return to an office where CSS has made the initial introduction and I do accept additional temping days for a permanent position, I understand it is my responsibility to inform CSS. If I choose not to inform CSS, I am aware that I am liable to CSS for the applicable fees incurred. (Temping Fees/Perm Placement Fees)

By signing I acknowledge that I do agree to this binding contract

Signature: _____ Date: _____

