## Employment Application

# Scott R. Harper, DDS, MS, Inc.

|  |
| --- |
| Applicant Information |
| Full Name: |  |  |  | Date: |  |
|  Last | First | M.I. |
| Address: |  |  |
|  Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Phone: | ( )  | E-mail Address: |  |
| Date Available: |  | Social Security No.: |  | Desired Salary: | $ |
| Position Applied for: |  |
| Are you a citizen of the United States? | YES[ ]  | NO[ ]  | If no, are you authorized to work in the U.S.? | YES[ ]  | NO[ ]  |
| Are you bilingual? If yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES[ ]  | NO[ ]  | If so, when? |  |
| Have you ever been convicted of a felony? | YES[ ]  | NO[ ]  |  |
| If yes, explain: |  |
|  |
| Education |
| High School: |  | City/State: |  |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |
| College: |  | City/State: |  |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |
| Other: |  | City/State: |  |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |
|  |
| References |
| Please list three professional references. |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: | ( ) |
| Address: |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: | ( ) |
| Address: |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: | ( ) |
| Address: |  |
|  |
| Previous Employment |
| Company: |  | Phone: | ( ) |
| Address: |  | Supervisor: |  |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |
| Responsibilities: |  |
| From: |  | To: |  | Reason for Leaving: |  |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
| Company: |  | Phone: | ( ) |
| Address: |  | Supervisor: |  |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |
| Responsibilities: |  |
| From: |  | To: |  | Reason for Leaving: |  |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
| Company: |  | Phone: | ( ) |
| Address: |  | Supervisor: |  |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |
| Responsibilities: |  |
| From: |  | To: |  | Reason for Leaving: |  |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |
| Military Service |
| Branch: |  | From: |  | To: |  |
| Rank at Discharge: |  | Type of Discharge: |  |
| If other than honorable, explain: |  |
|  |
| Disclaimer and Signature |
|  |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |
| Signature: |  | Date: |  |

**Experience and Skills**

Do you have experience in the following:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes | No | w/i 3 years? |  | Yes | No | w/I 3 years |
| Computer Skills |  |  |  | Tray Set- Up |  |  |  |
| Account Collections |  |  |  | Pour up/trim models |  |  |  |
| Treatment Presentation |  |  |  | Coronal Polishing |  |  |  |
| Fee Presentation |  |  |  | Appointment Scheduling |  |  |  |
| Dental Terminology |  |  |  | Taking x rays |  |  |  |
| Orthodontic Terminology |  |  |  | Developing x-rays |  |  |  |
| Insurance processing |  |  |  | Hygiene Presentation |  |  |  |
| **Dental Certificates or Licenses** |
|  | License # | Date Earned | State Issued | Is it current? |
| X-Ray |  |  |  |  |
| CDA |  |  |  |  |
| RDA |  |  |  |  |
| CPR |  |  |  |  |
| Coronal Polish |  |  |  |  |
| Other: |  |
| Recent Continuing Education  |  |
| List of current vaccinations: |

**Work Schedule**

**Willing to work the following** (Please Circle):

Monday Tuesday Wednesday Thursday Friday Weekends

Days Evenings No. of hours per week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your short term employment goals (one year)?

What are your long term employment goals (5 years)?

Which personality traits best describe you?

In past positions, what did you enjoy most about them and why?