

TEMPORARY FILL-INS south

DENTAL STAFFING AT ITS BEST

WITH WHOM ARE YOU APPLYING?

- TEMPORARY FILL-INS SOUTH TEMPORARY FILL-INS SOUTH 2

ARE YOU CURRENTLY SEEKING PERMANENT EMPLOYMENT? _____ TRAVEL RADIUS? _____
MILES

DATE _____ DATE YOU CAN START _____

PERSONAL INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SSN: _____ DOB _____ / _____ / _____
MONTH DATE YR(OPP)

TELEPHONE# _____ CELL _____
DO YOU ACCEPT TEXT? _____

*EMAIL _____ OTHER _____

DAYS AVAILABLE (CIRCLE) MON TUES WEDS THURS FRIDAY SAT *SEE CALENDAR

CURRENT EMPLOYER _____ MAY WE INQUIRE OF YOUR CURRENT EMPLOYER? _____

YEARS OF EXPERIENCE _____ SALARY DESIRED _____

HOBBIES AND INTERESTS _____

HYGIENE LICENSE NUMBER _____ EXPIRATION DATE _____

NITROUS OXIDE CERTIFIED: YES/NO CPR: YES/NO EXPIRATION DATE _____

LOCAL ANESTHESIA CERTIFIED: YES/NO DIGITAL X-RAY EXPERIENCE: YES/NO

LASER CERTIFIED: YES/NO

ARE YOU COMFORTABLE WITH PERIO THERAPY? YES/NO

EXPLAIN _____

WHAT DOES IT MEAN TO "SELL" DENTISTRY? _____

EMPLOYMENT HISTORY

DATE	NAME & ADDRESS OF EMPLOYER	PHONE	SALARY	REASON FOR LEAVING
FROM ____ / ____ MO YR				
TO ____ / ____ MO YR				
FROM ____ / ____ MO YR				
TO ____ / ____ MO YR				
FROM ____ / ____ MO YR				
TO ____ / ____ MO YR				
FROM ____ / ____ MO YR				
TO ____ / ____ MO YR				

REFERENCES

PLEASE LIST THE NAMES OF THREE PERSONS NOT RELATED FOR WHICH YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	PHONE	YEARS

DO YOU HAVE ANY CRIMINAL HISTORY? YES/NO
EXPLAIN _____

DO YOU HAVE ANY OUTSTANDING WARRANTS? YES/NO
EXPLAIN _____

I VERIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN.

SIGNATURE _____ DATE _____