

Employment Application

Applicant Information

Please answer all questions. Resumes are not accepted in lieu of completion of this application. Note: This document was designed to use with several types of positions. Some questions may not be completely applicable to the job/position you are seeking; however, we ask that you fully complete all areas of information.

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () Cell: () E-mail Address: _____

Social Security No.: _____ Referred By: _____

Position Applied for: _____ Date Available: _____ Desired Salary: \$

Are you a citizen of the United States? YES NO YES NO
☐ ☐ ☐ ☐ If no, are you authorized to work in the U.S.? YES NO
☐ ☐

Have you ever worked for this company? YES NO YES NO
☐ ☐ ☐ ☐ If so, when? _____

Administrative / Clerical / Legal / Accounting Skills:

Please indicate areas of actual work experience by years, speed, etc...

Typing # Years T/S General # Years Accounting # Years Software # Years

Word Proc.	_____	Cust. Serv.	_____	Full Charge	_____	Wordperfect	_____
Typing	_____	Phones	_____	Payroll	_____	Word	_____
10 Key	_____	Filing	_____	Acct.'s Rec.	_____	Excel	_____
Data Entry	_____	Cashier	_____	Acct.'s Pay.	_____	Access	_____
Computer	_____	Reception	_____	Quick Books	_____	Powerpoint	_____
				Windows	_____	Other	_____

SPECIFIC SKILLS:

Have you ever had experience in the following? (Circle NO if NOT within the past three years)

Front Office

Dental Terminology	YES NO
Electronic Claims Submission	YES NO
Insurance Processing	YES NO
Posting Treatment	YES NO
Account Collections	YES NO
Computerized Bookkeeping	YES NO
Outside Financing (Carecredit)	YES NO
Scheduling	YES NO
Facsimile	YES NO
Operate Phone Equipment	YES NO
Management/Goal Setting	YES NO
Online Benefit Verification	YES NO
Submit x-rays by Email	YES NO
Conflict Resolution	YES NO
Treatment Counseling	YES NO
Calculate Co-payments	YES NO
HIPPA Training	YES NO
Emails	YES NO
Other _____	
Other _____	

Hygiene

Antimicrobiol Placement	YES NO
Instrument Sharpening	YES NO
Automated Perio Charting	YES NO
Plaque Control Instructions	YES NO

Back Office

Four Handed assisting	YES NO
Take, Develop & Mount X-rays	YES NO
Digital X-rays	YES NO
Oral CT-Scan/Imaging	YES NO
Intraoral Camera	YES NO
Oral Photography	YES NO
Tray Set-Up	YES NO
Can you read x-rays	YES NO
Are you x-ray certified	YES NO
Place Matrix Bands	YES NO
Place Dycal	YES NO
Place Rubber Dams	YES NO
Etch & Bond	YES NO
Coronal Polishing	YES NO
Impressions	YES NO
Pour & Trim Models	YES NO
Fabricate temporary crowns	YES NO
Cerec Crown Manufacturing	YES NO
Monitor IV sedation cases	YES NO
Patients on Nitrous Oxide	YES NO
Expanded Duties	YES NO
Chairside Whitening	YES NO
Remove Ortho wires & elastics	YES NO
Oral Surgery	YES NO
Implants	YES NO
Root Canals	YES NO

Back Office (con't.)

Manage Inventory	YES NO
Charting	YES NO
C.P.R. Training	YES NO
Charting	YES NO

Lab

Set Teeth on Denture/Partial	YES NO
Fabricate custom impression trays	YES NO
Fabricate Occlusal rims	YES NO
Invest/process dentures, partial, guards	YES NO
Articulation of models	YES NO
Soft and relines	YES NO
Other _____	YES NO
Other _____	YES NO

Software

Dentrix	YES NO
Eaglesoft	YES NO
Practice Works	YES NO
Soft Dent	YES NO
Easy Dental	YES NO
Tigerview	YES NO
Dexis	YES NO
Paperless Software	YES NO
Other _____	
Other _____	

Fields/# Years: Endodontics _____ Orthodontics _____ Periodontics _____ Pedodontics _____ Prosthetics _____ O.S. _____

Current Dental/Medical License _____ **State** _____

License Number _____ Expires _____ Original Issue Date _____

☞ Hepatitis B Declination: I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus infection. I have been given the opportunity to be vaccinated at no charge to myself; however, I decline such vaccination at this time. I understand that by declining the vaccine I continue to be at risk of acquiring HBV, a serious disease. If in the future I continue to have occupational exposure to blood or OPIM and I wish to be vaccinated with HBV vaccine, I can receive the vaccination at no charge to me.

Signature: _____

☞ I have already been vaccinated for HBV on the following dates: _____

Signature: _____

Date of last PPD (TB) and results _____

Have you previously been exposed to blood or other potentially infectious materials? (include dates and circumstance) _____

What vaccination and follow-up was completed after the above occupational exposure. (include dates) _____

Have you ever worked with toxic products such as chemicals, gasses, ethylene oxide, asbestos, formaldehyde, other? Please circle those that apply.

Signature: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I authorize Kingston Dental Practice to make such investigations and inquires of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release DOS, employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand and agree that my employment is AT WILL (i.e. for non definite period) and I may be terminated at any time with or without prior notice or cause. I understand that false, misleading, or omission of information given in my application or interview(s) may result in discharge.

We are equal employment opportunity employers. It is our policy to make employment decisions without regard to race, color, religion, sex, age, national origin disability, sexual orientation, or marital status.

Applicants who are accepted for employment with the company should understand that while every effort is made to provide continuous work, there are no employment contracts and the permanency of any position is not guaranteed.

Signature _____ **Date** _____