



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 If no, are you authorized to work in the U.S.? YES NO

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

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
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: _____

Recent Interviews

Name of Doctor: _____ Location: _____

Name of Doctor: _____ Location: _____

Name of Doctor: _____ Location: _____

Employment History (enter most current employer first)

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. I authorize Dental Office Solutions (counselors) 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 (by myself or DOS) 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.

I understand and agree as a condition of continued employment that I will be required to take a drug and/or alcohol test as part of any work related accident investigation. Note: Complete details of our Drug Free Workplace Policy will be provided during the interview process.

I have read and understand the Employment Guide and Drug Free Policy Of Dental Office Solutions, LLC. Should I become employed by Dental Office Solutions, LLC. I agree to abide by all policies and procedures of Dental Office Solutions, LLC.

We are equal employment opportunity employers. It is the policy of the DOS 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 and DOS 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.

I understand it is my responsibility to contact Dental Office Solutions, LLC. When I am available to work. I have read and fully understand the foregoing statements.

Signature _____ **Date** _____

Emergency Contact Information

In the event of a medical emergency, the following people and emergency medical personnel should be contacted:

Contact 1: _____ Phone: _____ Relationship: _____
Contact 2: _____ Phone: _____ Relationship: _____
Doctor: _____ Phone: _____

Medication Taken and Allergies: _____

**Code of Ethics
Standard of Conduct policy**

Dental Office Solution’s reputation for honesty, integrity, and fairness is determined by the personal reputation of our individual employees.

To protect this reputation and to warrant our client’s trust, each of us must strive to avoid situations that might reflect poorly on our company.

Dental Office Solutions must require the highest standard of behavior for its employees when engaging in any activity concerning the company, clients, competitors, suppliers, the public or other employees.

We, the management and employees of Dental Office Solutions, must hold one another accountable for superior ethical conduct while undertaking any activity on company of client premises.
Each of us has a responsibility to support the company’s code of ethics and to take necessary action to preserve and protect the reputation of Dental Office Solutions.

Dress Code Policy

As part of the Dental Office Solutions image, I will abide by the following regulations for all assignments and/or placements:

- *Regulation fingernails – short clean nails
- *Light perfume or body fragrance
- *Clean, pressed clothes and polished shoes
- *Limited jewelry – no multiple earrings or visible body piercing
- *Cover any visible tattoos

I have read and I understand that the Code of Ethics (Standard of Conduct and Dress Code) are considered part of my employment requirements.

Employee Signature _____ Date _____

Dental/Medical

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: _____

Areas in which you are willing to work:

Greensboro Highpoint West/East Winston Salem Statesville
 Salisbury Other _____
 Maximum Commute Time _____ min.

Interested in:

Full Time Part Time Long Term
 Long Term Temp Temp to Hire Short Notice
 Part Time Days Available: _____
 Avail on Short Notice () Yes () No Best time to call _____ am _____ pm

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	_____ # of lines	Payroll	_____	Word	_____
10 Key	_____	_____	Filing	_____	Acct.'s Rec.	_____	Excel	_____
Data Entry	_____	_____	Cashier	_____	Acct.'s Pay.	_____	Access	_____
Computer	_____	_____	Reception	_____	Quick Books	_____	Powerpoint	_____
					Windows	_____	Other	_____

LANGUAGES and/or SPECIAL TRAINING:

Please list any languages that you speak fluently:

_____ **English** _____ **Arabic** _____ **Chinese**
 _____ **Spanish** _____ **Tagalo**

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 _____

Back Office

Four Handed assisting YES NO
 Take, Develop & Mount X-rays YES NO
 Digital X-rays YES NO
 Imaging-Attach Copy Email YES NO
 Intraoral Camera YES NO
 Oral Photography YES NO
 Oral CT-Scan/Imaging YES NO
 Can you read x-rays YES NO
 Tray Set-Up 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
 Treatment Plan Charting YES NO
 C.P.R. Training YES NO
 Charting Clinical Notes YES NO

Lab

Set Teeth on Denture/Partial YES NO
 Fabricate custom impression trays YES NO
 Fabricate Occlusional 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. _____

Counselor Ratings

						Ratings:
Basic _____	Appearance _____	Personality _____	Communication _____	Voice _____		T CRNS _____
OSHA _____	Dependability _____	Attitude _____	Experience Level _____	Attire _____		Impressions _____
HIPPA _____	Dental Term _____	Basic IO _____	Dental Ins. Billing/coding _____			X-rays _____
I-9 _____	W4 _____	NC4 _____	Resume _____	Employee Guidebook _____		Set-Up _____
						Attendance _____
						Ins _____
						Salary _____
						Hours _____
						Other _____

Additional Skills:

Interview

Comments

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