

Steven C. Wilburn D.M.D
Application for Dental Office Employment

Date: _____

Name:	Telephone: (home)
Address (number, street, city, state, zip):	Telephone: (cell)
Do you have the legal right to work in the US?	
If you are bi-lingual, what languages do you: Speak Read Write	Email address:

Experience and Skills

Have you had experience in the following:

Skill Level

	Yes	No	Fair	Good	Excellent
Account collections					
Computerized appointment scheduling					
Computerized bookkeeping					
Patterson Eaglesoft Software					
Dental terminology					
Fee presentation					
Treatment presentation					
Dental insurance billing					
Computerized insurance processing					
Dental insurance coding					
Dental charting					
Four handed dentistry					
Instrument sterilization					
Procedure tray setups					
Xray taking					
Other:					

Education

	School	Dates attended:	Degree/Certificate:	Grade completed & Major or Field
Last high school attended:				
College, trade school, or specialty training:				
College, trade school, or specialty training:				
College, trade school, or specialty training:				

Dental Certificates or Licenses

Certificate	License #	Date earned	State issued
X-ray			
CDA			
RDA			
CPR			
DA			
Other			

Post graduate seminars taken in the last 2 years:

Are all certifications current? YES NO

Job Specifications

Check times willing to work:

- Days
- Evenings
- No. of days per week _____
- Full time
- Part time
- Hours per week _____

Circle days of the week you will NOT be available for work:

Monday Tuesday Wednesday Thursday Friday

Can your future vacations be arranged at office convenience? YES NO

If no, explain: _____

If offered employment, when can you start? _____

Salary requirement: _____

Have you ever been convicted of a felony? YES NO

If yes, please explain:

(A conviction record will not necessarily be a bar to employment.)

Employment History

List present or most recent position first. Cover last 7 years, including periods of self-employment, or unemployment. Fill in all information – **YOU MAY ATTACH A RESUME IN PLACE OF THIS SECTION**

May we contact your present employer? YES NO

Name of employer:	
Supervisor's name:	
Supervisor's title:	
Address:	
Phone numbers:	
Your last name at time of employment:	
Position:	
Describe major duties:	
Specific reason for leaving:	
Employed from: _____ to: _____	Total years employed: _____ Total months employed: _____
Beginning salary or wages: \$	Ending salary or wages: \$

Name of employer:	
Supervisor's name:	
Supervisor's title:	
Address:	
Phone numbers:	
Your last name at time of employment:	
Position:	
Describe major duties:	
Specific reason for leaving:	
Employed from: _____ to: _____	Total years employed: _____ Total months employed: _____
Beginning salary or wages: \$	Ending salary or wages: \$

Employment History (cont.)

Name of employer:	
Supervisor's name:	
Supervisor's title:	
Address:	
Phone numbers:	
Your last name at time of employment:	
Position:	
Describe major duties:	
Specific reason for leaving:	
Employed from: _____ to: _____	Total years employed: _____ Total months employed: _____
Beginning salary or wages: \$	Ending salary or wages: \$

Character References

(other than relatives and past employers)

Name:	
Address:	
Telephone numbers:	
Email address:	

Name:	
Address:	
Telephone numbers:	
Email address:	

Please complete the following information.

1. Describe the responsibilities on your present or last job. Please give a detailed response to this and the following questions.
2. What factors would contribute to your sense of satisfaction on a job?
3. What aspects of working with people do you find enjoyable, and what, if any, do you find less enjoyable?
4. What specific aspects of your education or experience do you consider to be beneficial to this position?

General Agreement

I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment. I understand that all offers of employment are conditioned on my legal authority to work in the United States. In consideration of my employment, I agree to conform to the rules and standards of the practice, as amended from time to time in its discretion.

Authorization to check references

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals who you may contact provide any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information as well as from the use or disclosure of such information by the employer or any of its agents, employees, or representatives.

At-will employment relationship

I agree that my employment can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the employer. I understand that no employee or representative of the practice, other than its owner(s), has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the owner(s) of the practice may not alter the at-will nature of the employment relationship unless it is done specifically and in writing that is signed.

Thank you for your interest in employment at our office!!

Applicant signature

Date

