

Southwest Dental Group

Application for Employment

Southwest Dental Group is an equal opportunity employer and does not discriminate on the basis of age, race, color, religion, sex, marital status, national origin, military status, or disability. Applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Name _____

Address _____

Telephone # _____ Street _____ City _____ State _____ Zip Code _____
Cell/Pager/Other # _____ E-mail Address _____

Referral Source (How did you hear about us?) _____

Have you ever been employed here before? If yes, give dates and positions _____ Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____ What is your desired salary range? \$ _____

Type of employment desired Full-Time Part-Time Temporary

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date, seriousness, and nature of the offense, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a felony? Yes No

If yes, please provide date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information:

Employer _____	Date employed: _____ ^{Month} / _____ ^{Year} to _____ ^{Month} / _____ ^{Year}
Address _____ City _____ State _____	Compensation: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Job Title _____	Commission/Bonus/Other Compensation \$ _____
Immediate Supervisor _____ Title _____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Why did you leave? _____	
Summarize the type of work performed and job responsibilities _____	
What did you like most about your position? _____	
What did you like least about the position? _____	

Employer _____	Date employed: _____ ^{Month} / _____ ^{Year} to _____ ^{Month} / _____ ^{Year}
Address _____ City _____ State _____	Compensation: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Job Title _____	Commission/Bonus/Other Compensation \$ _____
Immediate Supervisor _____ Title _____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Why did you leave? _____	
Summarize the type of work performed and job responsibilities _____	
What did you like most about your position? _____	
What did you like least about the position? _____	

Employer _____	Date employed: _____ ^{Month} / _____ ^{Year} to _____ ^{Month} / _____ ^{Year}
Address _____ City _____ State _____	Compensation: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Job Title _____	Commission/Bonus/Other Compensation \$ _____
Immediate Supervisor _____ Title _____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Why did you leave? _____	
Summarize the type of work performed and job responsibilities _____	
What did you like most about your position? _____	
What did you like least about the position? _____	

Education Background

Starting with your most recent school attended, provide the following information:

Schools (include City & State)	# years Completed	Diploma	Degree	Certification	Other

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Front Office

- Patient/Customer Service: Yes No
- Computer Skills:
 None Some Average Extensive
 Typing speed _____ wpm
- Handling multiple phone lines:
 None Some Average Extensive
- Scheduling of appointments:
 None Some Average Extensive
- Knowledge of dental terminology:
 None Some Average Extensive
- Treatment case presentation:
 None Some Average Extensive
- Dental Insurance experience:
 None Some Average Extensive
- Collection experience:
 None Some Average Extensive

Back Office

- X-ray Certified in Arizona: Yes No
- Current CPR Certification: Yes No
- General Anesthesia: Yes No
- Patient/Customer Service: Yes No
- Full mouth x-ray techniques:
 None Some Average Extensive
- Develop and mount x-rays:
 None Some Average Extensive
- Take alginate impressions:
 None Some Average Extensive
- Pour & trim models:
 None Some Average Extensive
- Pack retraction cord:
 None Some Average Extensive
- Fabricate temp. crowns from alginate material:
 None Some Average Extensive

Hygiene

- Arizona State Hygiene License: Yes No
- Anesthesia Certified in Arizona: Yes No
- Current CPR Certification: Yes No
- Patient/Customer Service: Yes No
- Patient assessment for Periodontal therapy:
 None Some Average Extensive
- Scaling and Root Planing therapy:
 None Some Average Extensive
- Locally Administered Antibiotic therapy:
 None Some Average Extensive
- Anti-microbial irrigation:
 None Some Average Extensive
- Prescribe medicaments for at-home therapy:
 None Some Average Extensive
- Patient Education – OHI
 None Some Average Extensive

References

List name and telephone number of three business/work references who are *not* related to you.
 If *not* applicable, list three school or personal references, who are *not* related to you.

Name	Title	Relationship to you	Telephone	# years known

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with Southwest Dental Group is true, complete and correct and that any false or incomplete information provided by me will be grounds to (i) eliminate me from consideration for employment, or (ii) if I am employed by Southwest Dental Group, may result in discipline or immediate discharge. Southwest Dental Group is an at-will employer, meaning that employment by Southwest Dental Group is not guaranteed for any length of time and may be terminated for any legal reason.

I expressly authorize without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____