

## APPLICATION FOR ORAL SURGERY OFFICE EMPLOYMENT

Date: \_\_\_\_\_ For what position are you applying? \_\_\_\_\_

Last Name	First	Middle	
Address (Number, City, State, Zip)			Are you at least 18 years old? [ ] Yes [ ] No (If no, please provide work permit)
Home Phone: (____) _____		Do you have the legal right to work in the U.S.? [ ] Yes [ ] No (Proof will be required upon employment)	
Business Phone: (____) _____			

### EXPERIENCE AND SKILLS

OFFICE SKILLS	Yes	No	WHAT IS YOUR SKILL LEVEL?			CLINICAL SKILLS	Yes	No	WHAT IS YOUR SKILL LEVEL?		
			Fair	Good	Exc.				Fair	Good	Exc.
Keyboard Skills						CPR Training					
Bookkeeping						Tray Setup					
Computer						Assist Surgery					
Word Processing						Manage Airway					
Excel						Take, Develop, Mount X-rays					
Single/Multi-line Phone Skills						Pour and Trim Models					
10-key Competency						Sterile Technique					
Account Collections						Medical Emergencies					
Treatment Presentation						Abnormal Monitor Readings					
Fee Presentation						Oral Surgery Procedures					
Dental Terminology						OSHA & Safety Regulations					
Medical Terminology											
Head & Neck Anatomy											
Insurance Processing											
Appointment Scheduling											
Charting											

### EDUCATION

	Name of School and Address	Graduated	# of Years	Course or Major
High School		Y / N		
College		Y / N		
Post Graduate		Y / N		
Special Courses or Training		Y / N		
Additional Special Courses or Training		Y / N		

### CERTIFICATES OR LICENSES

	X-RAY	DA	RDA	RDA/EF				CPR	Other
Certificate/License #									
Date Earned									
State Issued									
Current Through (give date)									

**GENERAL INFORMATION**

Can you fulfill the job duties and responsibilities of the position for which you are applying as they have been described to you, with or without a "reasonable" accommodation?	[ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No
Are you available for the work hours required of the position for which you are applying?	[ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No
Circle the days of the week you will NOT be available to work: <b>Mon Tue Wed Thu Fri Sat Sun</b>	
If applicable, do you have the required license(s) to perform the job?	[ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No
Date available to start?	Salary requirements: \$ _____ per hour/day/month

**EMPLOYMENT / WORK EXPERIENCE**

List the last 7 years of employment, self-employment or unemployment—**do not substitute with a resume**. Attach additional pages if needed.

Name of employer:	Address (Number, City, State, Zip):	Phone:
Employed: From and To (Month and Year)	Position(s) Held:	Supervisor's Name and Title:
Average # of hours worked per week:	Rate of Pay: Starting and Ending	Your last name at time of employment:
Describe your duties:		
Give specific reason(s) for leaving:		
May we contact this employer? [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No		

Name of employer:	Address (Number, City, State, Zip):	Phone:
Employed: From and To (Month and Year)	Position(s) Held:	Supervisor's Name and Title:
Average # of hours worked per week:	Rate of Pay: Starting and Ending	Your last name at time of employment:
Describe your duties:		
Give specific reason(s) for leaving:		
May we contact this employer? [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No		

Name of employer:	Address (Number, City, State, Zip):	Phone:
Employed: From and To (Month and Year)	Position(s) Held:	Supervisor's Name and Title:
Average # of hours worked per week:	Rate of Pay: Starting and Ending	Your last name at time of employment:
Describe your duties:		
Give specific reason(s) for leaving:		
May we contact this employer? [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No		

Please explain any gaps in employment:

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**PLEASE READ THE FOLLOWING AND SIGN BELOW**

**GENERAL AGREEMENT**

If hired, I will provide legal proof of identity and authority to work in the United States. I agree to conform to the rules and standards of the practice, as amended from time to time at the employer's discretion. I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. I hereby certify that the information contained in this application form is true and correct to the best of my knowledge.

**EMPLOYMENT RELATIONSHIP**

If hired, I understand that employment with the practice is not for a specified term and can be terminated "At Will", with or without cause, and with or without notice, at any time, either at the option of the employee or the employer. No employee or representative of the practice, other than its owner, 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 employer may not alter the "At-Will" nature of the employment relationship unless it is done specifically in writing and is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the "At-Will" nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

**AUTHORIZATION OF REFERENCE AND BACKGROUND CHECKING**

All offers of employment are conditioned upon receipt of satisfactory responses to reference requests and background inquires and exams. Unless I have otherwise indicated above, I authorize the references listed, as well as all other individuals who may be contacted, to provide any and all information concerning my previous employment, background, and any other pertinent information that they may have. Additionally, contingent upon a conditional offer of employment and as part of screening for the position for which I am applying, if required, I agree to take a physical exam, drug test, and/or authorize a background check which may include a review of criminal convictions, driving record, social networking sites, and credit history. Further, I release all parties and persons from all liability for any damages that may result for furnishing the practice with such information as well as from the use or disclosure of such information by the employer or any of its agents, employees or representatives.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application forms will be retained for a period of 3 years.

Note: This Application for Employment was prepared for general use throughout the United States and in consultation with legal counsel. It is designed to comply with Federal and State Fair Employment Practice laws. However, since State and local laws vary, Bent Ericksen & Associates assumes no responsibility for the inclusion in this application form of any questions that may violate Federal, State, or local laws.