

# APPLICATION FOR ORTHODONTIC OFFICE EMPLOYMENT WITH THE OFFICE OF DR. SEUSS KASSISIEH

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

Name: \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Business ( ) \_\_\_\_\_ Work Permit No. \_\_\_\_\_  
(if a minor and if applicable)

Address: \_\_\_\_\_  
Street City Zip

Can you legally work in the United States?  YES  NO (Please provide proof)

Have you ever been convicted of a felony?  YES  NO

If you are bilingual, what languages do you speak, read, or write? \_\_\_\_\_

## EXPERIENCE AND SKILLS

Have you had the experience in the following?: (Check the last column if NOT within the last 3 yrs.)

	YES	NO	# of yrs	Prior to 3 yrs ago		YES	NO	# of yrs	Prior to 3 yrs ago
Typing (WPM _____)					Fixed appliance removal				
Computerized bookkeeping					Fit lingual arches/headgears				
Account collections					Take, develop, mount x-rays				
Treatment presentation					Pour and trim models				
Fee presentation					Fabricate appliances				
Insurance processing					Trace cephs				
Charting					Plaque control issues				
Dictation equipment					Fit bands				
Dental terminology					Form archwires				
Heat sterilization					Take impressions				

### EDUCATION

Last high school attended \_\_\_\_\_ Location \_\_\_\_\_ Completed grade \_\_\_\_\_

College, trade school or special training

Name of school \_\_\_\_\_ Location \_\_\_\_\_ Degrees \_\_\_\_\_ Major \_\_\_\_\_

\_\_\_\_\_

### INDICATE CURRENT DENTAL CERTIFICATES OR LICENSES

1. X-Ray \_\_\_\_\_ 2. CDA \_\_\_\_\_ 3. EDDA/RDA \_\_\_\_\_ 4. RDH \_\_\_\_\_ 5. DH/EF \_\_\_\_\_ 6. Coronal polish \_\_\_\_\_  
7. Expanded function RDA \_\_\_\_\_ 8. Others \_\_\_\_\_

Check time willing to work:  
 Days  Evenings No. of days per week  
 Overtime occasionally if necessary  
 Full-time  Part-time Hours per week

Circle days of week you will NOT be available for work  
 MON TUES WED THURS FRI SAT

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

If offered employment, when can you start? \_\_\_\_\_

Have you given notice to your present employer?  
 YES  NO

Do you have any fringe benefit needs?  YES  NO  
 Please explain \_\_\_\_\_

Salary requirements \_\_\_\_\_

Do you smoke?  YES  NO

What is your anticipated length of employment? \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

List present, or most recent position first. Please cover last 10 years of employment. Resume may be substituted for employment history. May we contact your present employer?  YES  NO

Name of employer		Your last name while employed	
Address		Telephone number	
Position <input type="checkbox"/> Office Manager <input type="checkbox"/> Receptionist <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Dental Assistant <input type="checkbox"/> Hygienist <input type="checkbox"/> Lab Technician <input type="checkbox"/> Other			
Description of your job			
Dates of employment	Date Hired	Date separated	Length of employment Yrs/Mos
Earnings		Salary when hired \$	Salary at separation \$
Reason for leaving			
Supervisor's name	Title	Telephone number	

Name of employer		Your last name while employed	
Address		Telephone number	
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Reason for leaving			
Supervisor's name	Title	Telephone number	

In addition to your work experience, what other experiences, skills, qualifications would especially prepare you to work in our office \_\_\_\_\_

We recognize your right to terminate your employment, at will, whenever you choose for any reason. This office reserves to itself the same right.

<p>I understand the information on this application is subject to verification, and I further understand that any false statements or omissions may be cause for dismissal if hired.</p> <p style="text-align: center;">Signature of applicant _____</p> <p style="text-align: center;">Date _____</p>
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## **PRE-INTERVIEW INFORMATION**

Complete the following information in your own handwriting.

1. Please state which of your previous positions you enjoyed the most and explain why.
2. Please state which of your previous positions you enjoyed the least and explain why.
3. Briefly describe your short-term ( 1 year ) employment goals.
4. Briefly describe your long-term ( 5-year ) employment goals.