**APPLICATION FOR EMPLOYMENT**

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| Andover Family Dentistry is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, or any other reason prohibited under Federal, State, or local laws. |

**Please type or print. This application must be legible, fully completed, signed and dated for consideration**

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| --- | --- | --- | --- | --- | --- |
| **Applicant Contact Information** | | | | | |
| **Name:** |  |  |  |  |  |
|  | *Last* | | *First* | | *Middle Initial* |
| **Other Names Used:** |  |  |  |  |  |
| **Address:** |  |  |  |  |  |
|  | *Street* | | *City* | *State* | *Zip Code* |
| **Phone:** |  |  |  |  |  |
|  | *Home Phone* | | *Cell Phone* | |  |
| **Email Address:** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Questions About Applicant** | | | | | |
|  | | | | | |
|  |  |  |  |  |  |
| *Position Desired* | | *Salary/Wage Desired* | | *Date Available* | |

Type of Employment Desired:  Full Time  Part Time  Temp/Seasonal  On-Call

What days are you available to work (circle all that apply): Sun Mon Tues Wed Thurs Fri Sat

What shifts are you available to work (circle all that apply): Morning Afternoon Evening

Are you legally eligible for employment in the United States?  Yes  No

(Proof of U.S. Citizenship or immigration status will be required upon Employment)

Are you 16 years of age or older:  Yes  No

Have you applied or worked here before?  Yes  No If yes, when?

How did you hear about this position?

**Educational Background**

High School Education or GED passed?  Yes  No

If NO, please indicate highest grade completed:  8  9  10  11  12

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **College/University/Trade School** | **City/State** | **Units** | **Degree/Diploma** | **Major** | **Date** |
|  |  |  |  |  |  |
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| --- | --- | --- | --- | --- |
| **US Military Service** | **Branch** | **Rank** | **Dates of Service**  **Major** | **Type of Discharge** |
| Yes  No |  |  |  |  |

**Employment History**

*List all positions held, including part-time summer and/or volunteer work and periods of employment for the last ten years; do not omit any employers. Explain any gaps in employment in comment section. If you are submitting a resume, you are still required to provide the requested information in the space provided. If self-employed, provide company name and at least two business references.*

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| --- | --- | --- | --- | --- | --- |
| **Current Employer** | | **Dates Employed** | | **May we contact?**  Yes  No | |
| **Employer Name:** |  | From: | |
| To: | | **If YES, Contact Name:** | |
| **Telephone:** |  |
| **Address:** |  | **Starting Salary** | | **Ending Salary** | |
| $ | Hourly  Weekly  Monthly | $ | Hourly  Weekly  Monthly |
| **Job Title:** |  |
| **Reason for Leaving:** | | | | | |
| **Responsibilities:** | | | | | |
| **Previous Employer** | | **Dates Employed** | | **May we contact?**  Yes  No | |
| **Employer Name:** |  | From: | |
| To: | | **If YES, Contact Name:** | |
| **Telephone:** |  |
| **Address:** |  | **Starting Salary** | | **Ending Salary** | |
| $ | Hourly  Weekly  Monthly | $ | Hourly  Weekly  Monthly |
| **Job Title:** |  |
| **Reason for Leaving:** | | | | | |
| **Responsibilities:** | | | | | |
| **Previous Employer** | | **Dates Employed** | | **May we contact?**  Yes  No | |
| **Employer Name:** |  | From: | |
| To: | | **If YES, Contact Name:** | |
| **Telephone:** |  |
| **Address:** |  | **Starting Salary** | | **Ending Salary** | |
| $ | Hourly  Weekly  Monthly | $ | Hourly  Weekly  Monthly |
| **Job Title:** |  |
| **Reason for Leaving:** | | | | | |
| **Responsibilities:** | | | | | |

**Dental Licenses and Certifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **License #** | **Date Earned** | **State Issued** | **Current through Date** |
| **X-Ray** |  |  |  |  |
| **CDA** |  |  |  |  |
| **EDDA/RDA** |  |  |  |  |
| **RDH** |  |  |  |  |
| **CPR** |  |  |  |  |
| **HIPAA** |  |  |  |  |
| **other** |  |  |  |  |

**Relevant Experience and Skills**

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| --- | --- | --- | --- | --- | --- | --- |
| **Office Skill** | **Y/N** | **Skill Level Fair/Good/Exc** |  | **Clinical Skill** | **Y/N** | **Skill Level**  **Fair/Good/Exc** |
| Typing |  |  |  | Tray Setup |  |  |
| Bookkeeping |  |  |  | Four-Handed Dentistry |  |  |
| Computer |  |  |  | Six-Handed Assisting |  |  |
| Account/Collections |  |  |  | Take, Develop, Mount X-rays |  |  |
| Tx presentation |  |  |  | Pour and Trim Models |  |  |
| Fee Presentation |  |  |  | Coronal Polish |  |  |
| Dental Terminology |  |  |  | Fabricate/Cement Temp crowns |  |  |
| Insurance Processing |  |  |  | OSHA & Safety Regulations |  |  |
| Scheduling |  |  |  | Plaque Control Instructions |  |  |
| Customer Service |  |  |  | Periodontal Skills |  |  |
| Charting |  |  |  | Orthodontic Skills |  |  |
| Management |  |  |  | Oral Surgery Assisting |  |  |

Please list languages spoken fluently, other than English:

Please list any additional pertinent skills, special training, certifications or qualifications:

Please list any other accomplishments, awards, professional groups of which you are a member, or additional information you would like us to consider:

|  |  |
| --- | --- |
| **Professional/Work References:** | |
| List name and telephone number of three **professional/work** references who are familiar with your work and not related to you. | |
| **Name, Title, Company, City, State** | **Telephone and Email** |
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I certify that my answers are true and complete to the best of my knowledge.

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.  I further understand that any employment that is offered to me will be at-will and that this application does not create or imply a contract for employment.*

|  |  |  |
| --- | --- | --- |
| Applicant Signature |  | Date |

Application for Employment

**Notice & Acknowledgement**

**of Binding Arbitration**

The Practice is careful to ensure we comply with all federal and state employment laws and regulations for the protection of our employees. Furthermore, we understand that many of these employee protections extend to those in the application stage of the hiring process. For this reason, we require all applicants to acknowledge their commitment to resolving any disputes or claims about the fairness of our hiring process in a forum that preserves those protections. This process, called arbitration, is less costly and encourages swift and fair resolution by a neutral expert. The U.S. Supreme Court favors arbitration as a fair means of expedited informal dispute resolution.

By signing this application and acknowledgment, you are agreeing to settle any and all previously unasserted claims, disputes or controversies arising out of or relating to your application or candidacy for employment, employment and/or cessation of employment with Employer, *exclusively* by final and binding *arbitration* before a neutral Arbitrator. You are also acknowledging that should you be hired you understand that you will be bound by the terms of this policy. By way of example only, such claims include claims under federal, state and local statutory or common law, such as Age Discrimination in Employment Act, Title VII of the Civil Rights Act or 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the law of contract and the law of tort**.**

I understand that this policy does not, however, in any way alter the “at will” status of my employment with Employer should I be hired which, unless otherwise agreed upon by written contract, is not for a fixed term or definite period and may be terminated at the will of myself or Employer with or without notice and without resort to this policy.

(Date)

(Signature of Applicant)

(Print Name of Applicant)