

# Application for Dental Office Employment

Date: \_\_\_\_\_ What position are you applying for? \_\_\_\_\_

Name:	Telephone: (home)
Address (number, street, city, state, zip)	Telephone: (business)
Social Security Number	Telephone: (cell)
Do you have the legal right to work in the US?      YES      NO	Email address:
Work permit: Type of verification:	
Are you:                      left handed                      right handed	
If you are bi-lingual, what languages do you	
Speak _____ Read _____ Write _____	

## Experience and Skills

Have you had experience in the following:

What is your skill level?

	Yes	No	Fair	Good	Excellent
Typing					
Computerized bookkeeping					
In-home computer					
Ten-key adding machine					
Account collections					
Treatment presentation					
Fee presentation					
Dental terminology					
Insurance processing					
Appointment scheduling					
Dental charting					
CPR training					
Procedure tray setups					
Four handed dentistry					
Six handed dentistry					
Take, develop, mount xrays					
Pour up and trim models					
Coronal polish					
Fabricate temporary crowns					
Cement temporary crowns					
Oral hygiene instruction (plaque control)					
Expanded periodontic skills					
Expanded orthodontic skills					
E.D.D.A. certified by State of Louisiana					
Patterson Eaglesoft Software					
Dexis Digital X-ray Software					
Other:					

# Dental Employment Application Dr Otterholt

**Lei Shi**



**Dental Employment Application Dr Otterholt:**

**Smart Hiring: A Guide for the Dental Office** American Dental Association, 2004

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