

EMPLOYMENT APPLICATION FORM

Name _____ Position Applied for _____

Present Address _____

State/Zip _____ Telephone (Home) _____ (Work) _____

Emergency Contact _____ Telephone _____

How did you learn of this job opening? _____

What days are you available to work: M T W Th F

EDUCATION BACKGROUND

School/Name/Address	Degree/Major	Yrs. Comp.	Graduated?
H.S.:			<input type="checkbox"/> Y <input type="checkbox"/> N
College:			<input type="checkbox"/> Y <input type="checkbox"/> N
Post-Grad:			<input type="checkbox"/> Y <input type="checkbox"/> N
Other:			<input type="checkbox"/> Y <input type="checkbox"/> N

EMPLOYMENT HISTORY

(Please list below, all present and previous employment, beginning with the most recent position)

Company _____	Position _____	Supervisor _____
Address _____		From _____ To _____ OK to contact <input type="checkbox"/> Y <input type="checkbox"/> N
Phone _____	Starting pay \$ _____ per _____	Ending pay \$ _____ per _____
Duties _____		
Days missed last year _____ Reason for leaving _____		

Company _____ Position _____ Supervisor _____

Address _____ From _____ To _____ OK to contact Y N

Phone _____ Starting pay \$ _____ per _____ Ending pay \$ _____ per _____

Duties _____

Days missed last year _____ Reason for leaving _____

Company _____ Position _____ Supervisor _____

Address _____ From _____ To _____ OK to contact Y N

Phone _____ Starting pay \$ _____ per _____ Ending pay \$ _____ per _____

Duties _____

Days missed last year _____ Reason for leaving _____

Company _____ Position _____ Supervisor _____

Address _____ From _____ To _____ OK to contact Y N

Phone _____ Starting pay \$ _____ per _____ Ending pay \$ _____ per _____

Duties _____

Days missed last year _____ Reason for leaving _____

CERTIFICATES /LICENSES

X-ray License # _____ State _____ Date earned _____

Dental Assistant Registration: Washington State Expiration Date _____

RDH License # _____ State _____ Date earned _____

BLS State _____ Date earned _____ Exp: _____

Other _____

Are all certifications current? Y N

SKILLS AND QUALIFICATIONS

SKILLS	YES	NO	# OF YRS	W/IN LAST 3 YRS
Typing WPM				
Bookkeeping				
Account Collection				
Treatment presentation				
Fee presentation				
Dental Terminology				
Insurance processing				
Transcription Software				
Appointment scheduling				
Electronic Charting				
CPR training				
Tray set up				
Four handed assisting				
Six handed assisting				
Take digital radiographs				
1. Panorex				
2. Cephalometric				
3. Periapical				
Pour and trim models				

If under 18 years of age, can you furnish a work permit?..... Y N

Are you legally permitted to work in the U.S.? Y N
 (Proof of U.S. citizenship or immigration status will be required upon employment)

Are you able to work overtime if asked? Y N

Is there anything that might prevent you from meeting our attendance requirements?..... Y N

Have you ever been bonded? Y N

Is there any reason why you cannot be bonded now? Y N

Have you ever been convicted of a felony? Y N

REFERENCES

Name/Title/Organization	Telephone	Years Known

Drs. Higuchi & Skinner P.S. is an Equal Opportunity Employer. Our practice does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I understand and agree that any misrepresentation, falsifications or omission of personal information by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed by this practice.

I authorize Drs. Higuchi & Skinner, P.S. to investigate all references and to secure additional job-related information about me. I hereby release from liability, the practice and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

I understand and agree that if offered the position, I am free to resign at any time, and I will be employed at will and my employment may be terminated by the practice without liability for lost wages.

Applicant's Signature _____ Date _____

NOTICE TO JOB APPLICANTS

Once offered employment with Drs. Higuchi & Skinner, all new employees must pass a urine test prior to beginning work. As part of this evaluation, you are required to submit a urine specimen at a designated collection site. Your urine specimen may be tested at a laboratory for substances, which may include:

1. Amphetamines
2. 6-acetylmorphine
3. Barbiturates
4. Benzodiazepines
5. Cannabinoids
6. Cocaine metabolite
7. Methadone
8. Methaqualone
9. MDMA
10. Opiates
11. Phencyclidine
12. Propoxyphene
13. Ethyl alcohol

You must pass this drug test prior to starting work. If you are selected for employment, you may be subject to future urine and/or blood testing in accordance with the employer's written policy. If you are employed, you will be required to report within five (5) days to your supervisor any conviction for violation of the criminal drug statute.

I have read and understand this notice and agree to all provisions thereof.

Applicant

Date

Time