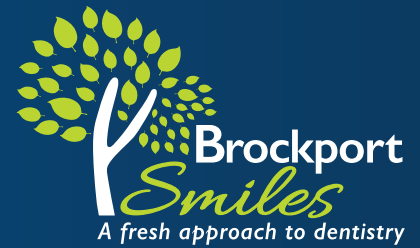


APPLICATION FOR EMPLOYMENT



Position You Are Applying For:

Personal Data

Name _____ Date _____
Last name First name Middle name

Telephone number _____ Other number _____ Social Security No. _____

Address _____ Apt. No. _____
City State Zip Code

How long at this address? _____ Email Address _____

Employment Interest: Full Time Part Time

If Part Time work is preferred, list specific days and hours you are available to work? _____

Why are you seeking employment? _____

if employed, how soon could you start? _____

If employed, can you provide us with proof of U.S. citizenship? Yes No N/A

If no, explain: _____

Referred By _____

Education Record

High School _____ Location _____

Degree or Diplomas _____

Years Attended _____ Graduate Yes No

College / University _____ Location _____

Degree or Diplomas _____

Years Attended _____ Graduate Yes No

Trade or Technical Training _____ Location _____

Degree or Diplomas _____

Years Attended _____ Graduate Yes No

Dental Certificates or Licenses

	X-Ray	CDA	EDDA/ RDA/ EFDA	Coronal Polishing	RDH	RDH, EF	OSHA/ HIPAA	CPR	Other
License #									
Date Earned									
State Issued									
Current Through (Date)									

Military Services

Military Service Yes No

If yes, branch of services: _____ Date of services _____

Duties / Special Training _____

Employment History

BEGIN WITH THE MOST RECENT EMPLOYER. YOU MAY LIST ADDITIONAL EMPLOYMENT ON THE BACK OF THIS PAGE IF ENOUGH SPACE WAS NOT PROVIDED.

1. Employer _____ Months & Years of Employment _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Beginning Salary _____ Ending Salary _____

Title/ Duties _____

Hours of Employment _____ Days of worked _____

What time did you usually arrive and leave? _____

Manager's Name _____

Why did you leave? _____

APPLICATION FOR EMPLOYMENT

2. Employer _____ Months & Years of Employment _____

Address _____

City

State

Zip Code

Phone Number _____ Beginning Salary _____ Ending Salary _____

Title/ Duties _____

Hours of Employment _____ Days of worked _____

What time did you usually arrive and leave? _____

Manager's Name _____

Why did you leave? _____

3. Employer _____ Months & Years of Employment _____

Address _____

City

State

Zip Code

Phone Number _____ Beginning Salary _____ Ending Salary _____

Title/ Duties _____

Hours of Employment _____ Days of worked _____

What time did you usually arrive and leave? _____

Manager's Name _____

Why did you leave? _____



Qualifications

Qualifications/Skills	Can you perform?		What Is Your Skill Level?		
	Yes	No	Fair	Good	Excellent
Computer					
Microsoft Word					
Microsoft Excel					
Typing					
How many words per minute:					
Bookkeeping					
Multi-line Phones					
How many lines:					
10-Key Adding Machine					
Appointment Scheduling					
Account Collections					
Treatment Presentation					
Financial Arrangements					
Insurance Processing					
Dental Terminology					
Dental Software					
Which software:					
Digital X-Ray Software					
Which software:					
Charting					
CPR					
OSHA & Safety Regulations					
Other:					

Other

Why do you want to work? _____

What tasks do you really enjoy doing, if any? _____

What tasks do you prefer not to do if you had the choice? _____

If necessary to leave our employment, will you give at least three weeks notice? Yes No

Expected length of employment: _____

APPLICATION FOR EMPLOYMENT

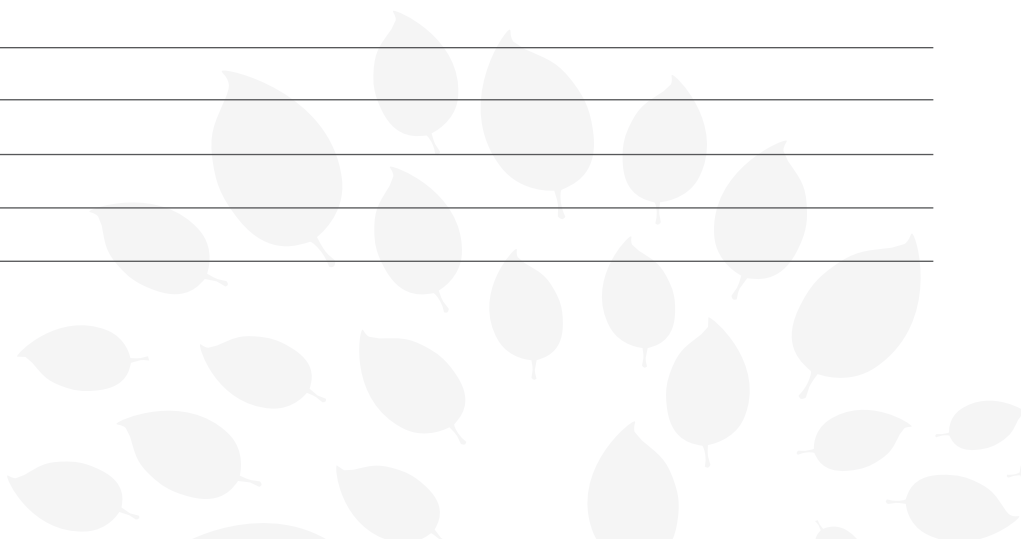
Tell us about yourself _____

Why would you be a good fit at Brockport Smiles? _____

What excites you about dentistry? _____

What are you passionate about? _____

LIST ANY QUESTIONS THAT YOU MAY HAVE ABOUT THIS OFFICE?



References

1. Name _____ Occupation _____ Phone Number _____
Address _____
City _____ State _____ Zip Code _____
How are you acquainted with this person? _____

2. Name _____ Occupation _____ Phone Number _____
Address _____
City _____ State _____ Zip Code _____
How are you acquainted with this person? _____

3. Name _____ Occupation _____ Phone Number _____
Address _____
City _____ State _____ Zip Code _____
How are you acquainted with this person? _____

Salary

What starting salary would you expect? \$ _____ Per Month \$ _____ Per Hour
After one year \$ _____ Per Month \$ _____ Per Hour
After two years \$ _____ Per Month \$ _____ Per Hour

Do you object to raises being based on the cost of living and inflationary rate? Yes No

What fringe benefits do you expect? _____

Signature of Applicant _____ Date _____

General Agreements

The regular office hours are 8:00 am-5:00 pm, Monday through Friday. Some positions are paid on an hourly basis and some are paid on a salary basis. You may be required to arrive early or leave late in your job, depending on your position or special circumstances.

This office reserves the right to drug test at any time. Our drug testing policy and practices are oriented toward maintaining a drug-free workplace for our employees and our patients.

I understand that all offers of employment are conditioned on receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. In consideration of my employment, I agree to conform to the rules and standards of the practice, as amended from time to time at the employer's discretion.

The policies and regulations governing employment at this office are specifically laid out in separate policy manuals, which will be made available to all employees.

Authorizations

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the information checked unless I have indicated to the contrary. I authorize the references listed herein, as well as all other individuals whom the practice may contact, to provide any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from all liability for any damages that may result from 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. 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.

For employment purposes, a credit report and background check may be pulled on applicants.

Employment at Will

If employed, 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. The "at will" employment policy includes all employees including those presently employed by the practice. 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 and in writing that 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.

I understand that this employment application and any other practice documents are not promises of employment. All employment is made on a trial basis for the benefit of both this office and the employee. This is usually for 90 days, but could be more or less.

I understand and agree to the above:

Signature of Applicant

Date