

Applicant's Name (please print): _____

Please list any additional professional licenses/certificates you have attained and dates received:

QUALIFICATIONS

QUALIFICATIONS/SKILLS	Can You Perform?		What is Your Skill Level?		
Computer Proficiency	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> FAIR	<input type="radio"/> GOOD	<input type="radio"/> EXCELLENT
Microsoft Word	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> FAIR	<input type="radio"/> GOOD	<input type="radio"/> EXCELLENT
Microsoft Excel	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> FAIR	<input type="radio"/> GOOD	<input type="radio"/> EXCELLENT
Typing	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> FAIR	<input type="radio"/> GOOD	<input type="radio"/> EXCELLENT
If yes to Typing, please indicate how many words per minute:					
Bookkeeping	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> FAIR	<input type="radio"/> GOOD	<input type="radio"/> EXCELLENT
Answering Phones	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> FAIR	<input type="radio"/> GOOD	<input type="radio"/> EXCELLENT
If yes to Answering Phones, please indicate how many lines for multi-line purposes:					
Appointment Scheduling	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> FAIR	<input type="radio"/> GOOD	<input type="radio"/> EXCELLENT
Account Collections	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> FAIR	<input type="radio"/> GOOD	<input type="radio"/> EXCELLENT
Treatment Presentation	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> FAIR	<input type="radio"/> GOOD	<input type="radio"/> EXCELLENT
Financial Arrangements	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> FAIR	<input type="radio"/> GOOD	<input type="radio"/> EXCELLENT
Insurance Verification	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> FAIR	<input type="radio"/> GOOD	<input type="radio"/> EXCELLENT
Insurance Processing/Claims	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> FAIR	<input type="radio"/> GOOD	<input type="radio"/> EXCELLENT
Dental Terminology	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> FAIR	<input type="radio"/> GOOD	<input type="radio"/> EXCELLENT
Dental Software	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> FAIR	<input type="radio"/> GOOD	<input type="radio"/> EXCELLENT
If yes to Dental Software, please indicate which application and version:					
Digital X-Ray Software	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> FAIR	<input type="radio"/> GOOD	<input type="radio"/> EXCELLENT
If yes to Dental X-Ray Software, please indicate which application and version:					
Dental Charting	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> FAIR	<input type="radio"/> GOOD	<input type="radio"/> EXCELLENT
CPR	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> FAIR	<input type="radio"/> GOOD	<input type="radio"/> EXCELLENT
OSHA & Safety Regulations	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> FAIR	<input type="radio"/> GOOD	<input type="radio"/> EXCELLENT

Please note any training/skills and/or extra-curricular activities you feel would be helpful in evaluation of your application. (e.g. computer software, shorthand, trade school courses, etc.):

EMPLOYMENT WITH OUR OFFICE

Why do you want to work at Lakeside Dental? _____

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

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

If necessary to leave employment with Lakeside Dental, will you give at least three weeks notice? YES NO

What is your expected length of employment with our office? _____

Please list any questions that you may have about Lakeside Dental:

EMPLOYMENT HISTORY

List present employer or most recent employer first. Please be sure to account for all periods of time, including military service and any period of unemployment. If self-employed, provide the company name and business references. Please explain any gaps in employment.

PRESENT/MOST RECENT

Employer: _____

Dates Employed From: _____ To: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: () _____

Supervisor's Name & Title: _____

Your Job Title: _____

Duties: _____

Reason for Separation: _____

Pay Rate History: Starting \$ _____ Ending \$ _____

May we contact this Employer/Supervisor? YES NO**PREVIOUS**

Employer: _____

Dates Employed From: _____ To: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: () _____

Supervisor's Name & Title: _____

Your Job Title: _____

Duties: _____

Reason for Separation: _____

Pay Rate History: Starting \$ _____ Ending \$ _____

May we contact this Employer/Supervisor? YES NO**PREVIOUS**

Employer: _____

Dates Employed From: _____ To: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: () _____

Supervisor's Name & Title: _____

Your Job Title: _____

Duties: _____

Reason for Separation: _____

Pay Rate History: Starting \$ _____ Ending \$ _____

May we contact this Employer/Supervisor? YES NO**REFERENCES**

List three references who may be contacted on your behalf. These individuals should not be relatives or supervisors listed above.

Reference #1

Name: _____

Phone: () _____

Address: _____

How are you acquainted with this person? _____

Reference #2

Name: _____

Phone: () _____

Address: _____

How are you acquainted with this person? _____

Reference #3

Name: _____

Phone: () _____

Address: _____

How are you acquainted with this person? _____

GENERAL AGREEMENTS and AUTHORIZATIONS

Lakeside Dental's regular office hours are 9:00am – 6:00pm, Monday thru Thursday, with occasional Fridays (as scheduled by appointment). 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.

Lakeside Dental 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 Lakeside Dental are specifically laid out in separate documents, which will be made available to all employees upon hiring.

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 Lakeside Dental 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 for 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, I authorize a credit report and background check to be completed.

EMPLOYMENT AT WILL

If employed with Lakeside Dental, 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(s), 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 Lakeside Dental documents are not promises of employment. All employment is made on a trial basis for the benefit of both Lakeside Dental and the employee. The employment trial basis is usually for 90 days, but could be more or less. My signature below indicates that I agree and understand that as a matter of Lakeside Dental policy that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either Lakeside Dental or myself. This is not a contract of employment. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employer. I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that Lakeside Dental shall not be liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I authorize the companies, school(s) or persons that I have listed on this application to give any information regarding my employment, together with any information they may have about me, whether or not it is in their records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information.

ACKNOWLEDGMENT

I understand that as part of the procedure for processing my application, an investigative report may be made whereby information is obtained through a personal interview with me and/or with third parties whom I list as current and/or previous employers, supervisors, references, etc. This includes information about my character, general reputation, personal characteristics, and mode of living, whichever may be applicable.

- My signature below authorizes Lakeside Dental to investigate all statements in this application and to secure necessary information from all employers, references and academic institutions. I also authorize Lakeside Dental to investigate credit references, driving record and criminal record, if any, as necessary.
- My signature below indicates that I understand that my application will not be considered complete until and unless I have agreed to provide Lakeside Dental with permission to conduct an investigative report on me. I also understand that Lakeside Dental will not conduct (or engage a third party to conduct) said investigative report without my approval. My signature below authorizes Lakeside Dental to perform an investigative Background Check on me.
- My signature below indicates my acknowledgement that if I am hired for employment, I understand that Lakeside Dental will request, and I will provide, additional information for company records and employee pay and benefit purposes.
- My signature below indicates that I understand that completion of this application does not in any way obligate Lakeside Dental to hire me or offer me a job.

If you have any questions concerning this application and/or acknowledgment statements above, please ask a Lakeside Dental administrator before signing below.

Applicant's Name (please print): _____

Applicant's Signature: _____ Date: _____