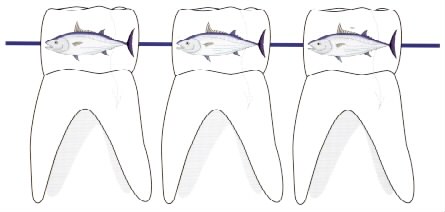
**M. Scott Runnels, DMD, PA**



**Orthodontics and Dentofacial Orthopedics**

**APPLICATION FOR EMPLOYMENT**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ For which position are you applying?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_\_\_\_\_\_\_\_ Social Security No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business ( ) \_\_\_\_\_\_\_\_\_\_\_ or Cellular Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Zip

Can you legally work in the United States? □ Yes □ No

**Experience and Skills**

Have you had any experience with the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** |  | **Yes** | **No** |
| Typing |  |  | Four Handed Assisting |  |  |
| Computerized Bookkeeping |  |  | Dental Terminology |  |  |
| Account Collections |  |  | Take and Develop X-Rays |  |  |
| Treatment Presentation |  |  | Pour and Trim Models |  |  |
| Fee Presentation |  |  | Tray Set-Up |  |  |
| Insurance Processing |  |  | QuickBooks Software |  |  |
| Charting |  |  | Program software- Excel & Word |  |  |
| Dictation |  |  | Answering Multiple Lines |  |  |
| CPR Training |  |  | Orthodontic Experience |  |  |
| Six Handed Assisting |  |  | Other: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Education** |  |  |  |
| Last High School attended: |  | Location: | Last Grade Completed: |
| **College, Trade School or Special Training** |  |  |  |
| Name of School |  | Location | Degrees/Certificate |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

**Check time willing to work: Circle days of the week you are willing to work:**

**□ Days □ Evenings No of days per week \_\_\_\_\_\_ Mon Tues Wed Thurs Fri Sat Sun**

**□ Full-time □ Part-time Hrs per week \_\_\_\_\_\_\_\_ Do you have any benefit needs? □ Yes □ No**

**Do you need to give notice to current employer? If special needs, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**□ Yes □ No If yes, length of notice: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Salary Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you smoke?□ Yes □ No**

**Previous Employment**

**List present, or most recent, position first. May we contact your present employer?□ Yes □ No**

**1.**

|  |
| --- |
| Name of employer Your last name while employed |
| Address Telephone Number  ( ) |
| Position |
| Description of your job duties: |
| Dates of employment  Date Hired Date of separation Length of employment \_\_\_\_\_\_Yrs \_\_\_\_\_\_Months |
| Earnings  Salary when hired $\_\_\_\_\_\_\_ Salary at separation $\_\_\_\_\_\_\_ |
| Supervisor’s name Title Telephone Number  ( ) |
| Reason for Leaving |

|  |
| --- |
| Name of employer Your last name while employed |
| Address Telephone Number  ( ) |
| Position |
| Description of your job duties: |
| Dates of employment  Date Hired Date of separation Length of employment \_\_\_\_\_\_Yrs \_\_\_\_\_\_Months |
| Earnings  Salary when hired $\_\_\_\_\_\_\_ Salary at separation $\_\_\_\_\_\_\_ |
| Supervisor’s name Title Telephone Number  ( ) |
| Reason for Leaving |

**2.**

|  |
| --- |
| Name of employer Your last name while employed |
| Address Telephone Number  ( ) |
| Position |
| Description of your job duties: |
| Dates of employment  Date Hired Date of separation Length of employment \_\_\_\_\_\_Yrs \_\_\_\_\_\_Months |
| Earnings  Salary when hired $\_\_\_\_\_\_\_ Salary at separation $\_\_\_\_\_\_\_ |
| Supervisor’s name Title Telephone Number  ( ) |
| Reason for Leaving |

3.

**May we contact all past employers? □Yes □No If no, who and why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In addition to your work experience, what other experiences, skills, qualifications do you feel would especially prepare you to work in our office?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever been convicted of a felony or crime? □Yes □No**

**If so when and why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I understand that the information on this application is subject to verification, and I further understand that any false statements or omissions may be cause for dismissal if hired.

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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