



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

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:

Days  Evenings No of days per week \_\_\_\_\_

Full-time  Part-time Hrs per week \_\_\_\_\_

Do you need to give notice to current employer?

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

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

Do you smoke?  Yes  No

Circle days of the week you are willing to work:

Mon Tues Wed Thurs Fri Sat Sun

Do you have any benefit needs?  Yes  No

If special needs, please explain: \_\_\_\_\_

\_\_\_\_\_

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

4399 Commons Drive, Suite 100A, Destin, FL 32541



(850) 252.8139 • (850) 269-1463 (fax) Website: [runnelsortho.com](http://runnelsortho.com)