

ied with a job here. It takes a different kind of person to think that being around little balls of energy all day is FUN. But honest



## Application for Employment

- 1220 Oak Park Dr., Fort Collins, CO 80525 ~Phone (970) 223-8687 ~Fax (970) 225-1574
- 383 W. Drake Rd, #103, Fort Collins, CO 80526 ~Phone (970) 377-2500 ~Fax (970) 207-1971
  - 1122 9<sup>th</sup> St., #101, Greeley, CO 80631 ~Phone (970) 353-5203 ~Fax (970) 353-9441

**Position(s) Applied For:**

**Date of Application:**

**How did you learn about us?**

**When could you start?**

**Last Name:**

**Middle Name/Initial:**

**First Name:**

**Home Telephone:**

**Social Security Number  
(optional)**

**Driver's License Number/  
State Issued**

**Address:**

**City and State**

**Zip Code**

Education	Name and Location of School	Graduate?	Subjects Studied
High School			
College			
Additional Education			

**Past Employment:** Please describe your previous four employers, beginning with your most recent employer.

Time Period	Company Name, Telephone, Supervisor Name and Supervisor Title	Salary	Position/Duties	Reason for Leaving
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From:

To:

From:

To:

**From:**

**To:**

**From:**

**To:**

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_

Are you available to work Full Time? \_\_\_\_\_ Part Time? \_\_\_\_\_ Temporary? \_\_\_\_\_

Please list any specifics regarding your availability to work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a felony in the last seven years? \_\_\_\_\_

ToothZone LLC Conducts criminal history background checks on all employees. All employment offers are contingent upon the successful completion of a full background check, including a criminal history background checks.

Candidates for positions working with children will not be selected if they have been convicted of any crime listed in the Child Protection Worker Act, in relation to the CAPTA. Generally, this includes child abuse crimes, murder, manslaughter, felony level assault or any assault crime committed against a minor, kidnapping, arson, criminal sexual conduct, and prostitution related crimes.

Do you have any physical condition which could (1) limit your ability to perform the job applied for, or (2) be aggravated by the job you have applied for? If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dental Experience and Skills:** Have you had experience in the following? (Check the last column if NOT within the last three years)

YES	NO	# of Yrs	Prior to 3 yrs ago
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Four Handed Assisting

Dental Terminology

Take, Develop, and Mount X-Rays

Plaque Control Instructions (OHI)

Communicating Treatment

Brushing/Prophy Cup

Charting for Doctor

Placing Composite/Silver fillings

Preventative Sealants

Seating and Cementing Crowns

Space Maintainers

CPR Training

OSHA and Safety Regulations

EFDA Training

**Immunization Record:** Please list your immunization records. Include date issued and the health clinic that administered the vaccine.

**Type of Vaccine**

**Date Issued**

**Health Professional/Clinic**

**Certificates or Licenses:** Please list any certificates or licenses you have. Include date first issued and expiration of current issuance.

Registration, Licenses, Certificates	Date Issued	Expiration Date
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**Administrative Experience and Skills:**

	YES	NO	# of Yrs	Prior to 3 yrs ago
Fluent in a foreign language? Which one?				
Dental Terminology				
Knowledge of Microsoft Office Suite (Word, Excel, Outlook, Etc)				
10 key				
Bookkeeping				
Accounting				
Customer Service				
Insurance Processing				
Scheduling				
Charting				
Management				
Multi-line phone systems				

**Please write your initials next to each one of these six statements to show you have read and understand each.**

1. \_\_\_\_\_ The information in this application is true. I authorize investigation of all statements in this application. I understand that if I am hired and any statements in this application are found to be false, I will be dismissed from employment.
2. \_\_\_\_\_ I understand and agree that if accepted for employment it will be for no definite period of time or pay. Regardless of the date of payment of my wages or salary, I may be terminated at any time without previous notification- known as "at-will employment," meaning I or my employer may terminate employment at will. No one other than the owner of Toothzone has the authority to alter this arrangement to form an agreement for employment for a specific period of time, or to make any agreement contrary to this policy. Any change to this policy must be in writing and signed by the owner of the company.
3. \_\_\_\_\_ I can and will provide documents proving my legal right to work in the United States prior to beginning employment.
4. \_\_\_\_\_ I give permission for you or your agent to investigate my background which may include a job-history check, a driving-record check, and a criminal-history check. I authorize, without reservation, any law enforcement agency, state agency, information service company, public or private institution, or past employer to provide you with any information they have regarding my background. I authorize you and my former employers to openly discuss the information contained in this application and my past job history.
5. \_\_\_\_\_ I agree to being tested for drug use both before and at any time during employment. If I refuse to take a drug-use test or if the test shows I use drugs, I understand I will be disqualified for the job.
6. \_\_\_\_\_ I understand that my employment is contingent upon receipt of all certificates, licenses, and favorable review of background checks.

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Signature of Applicant

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Date