

Capstone Dental
809 West Center Street
Kyle, Texas 78640 (512-268-4200)

Dental Employment Application

Personal Information

Date _____ Position applying for _____

Name _____ SSN: _____

Address _____

Phone: _____

School	Location	Degree/Certification
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dental Certificates or Licenses

X-Ray _____ RDA _____ RDH _____ Nitrous _____

Dental Skills

Check if experienced in the following

- | | |
|---|--|
| <input type="checkbox"/> Accounting Collections | <input type="checkbox"/> Fee Presentation |
| <input type="checkbox"/> Chairside Assistant | <input type="checkbox"/> Insurance Processing |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Detric Dental |
| <input type="checkbox"/> Charting | <input type="checkbox"/> Models |
| <input type="checkbox"/> CPR Training | <input type="checkbox"/> Perio Skills |
| <input type="checkbox"/> Dental Terminology | <input type="checkbox"/> Temporary Crowns |
| <input type="checkbox"/> Typing | <input type="checkbox"/> Treatment Presentations |
| <input type="checkbox"/> Oral Hygiene Instruction | <input type="checkbox"/> Other |

Work Requirements

If offered employment when could you start? _____

Have you given notice to present employer? _____

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Salary Requirement? _____

Are you legally eligible for employment in this country? _____

Have you ever been convicted of a felony? _____

Have you ever been accused of a felony? _____

If yes, please explain _____

Time Willing to Work

Full Time _____ Part Time _____ Hours per week _____

Days _____ Evenings _____ Number of Days Per Week _____

Overtime if occasionally needed _____

Previous Employment

Employer _____ From _____ To _____

Address _____ Position _____

Telephone Number _____ Supervisor _____

Reason for Leaving _____

Describe Responsibilities _____

Employer _____ From _____ To _____

Address _____ Position _____

Telephone Number _____ Supervisor _____

Reason for Leaving _____

Describe Responsibilities _____

Any other experience or qualifications that will help you to work in our office_____

References:

Name	Occupation/Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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The information that I have furnished on this application is true and complete. I understand that if employed false statements on this application shall be deemed sufficient cause for dismissal. You are hereby authorized to make full investigation of all information contained in this application and contact former employers, supervisors or persons named concerning any or all information, which has a bearing on my suitability as an applicant. I understand if hired my employment with or without cause may be terminated at any time by employer or myself.

Signature_____Date_____