An Equal Opportunity Employer

Application for Employment

Total Smiles of Durham does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age with respect to persons 18 year or older. No question on the application is intended to secure information to be used for such discrimination. Proof of identity and work authorizations will be required upon employment in accordance with federal regulations. Total Smile of Durham intends to check and hold you responsible for the accuracy of the statements you make on this application. This application will receive consideration of 30 days. If you have not hear from us within 30 days and wish to receive further consideration for employment, it will be necessary for you to request in writing that the company reactivate your application for another 30 days.

Personal Data

Name_____
(Last) (First) (Middle)

Address_____
(Street) (City) (State) (Zip)

Contact Numbers _____ _____ Are you 18 years or older? ____Yes ____No
(Home) (Cell)

Have you ever been convicted of a crime other than a minor traffic violation? ____Yes ____No
If yes, explain_____

(A "yes" answer to this question does not necessarily preclude consideration for employment)

Employment Data

Position applied for_____ Salary Desired_____

When could you report for work?_____

What offices are you willing to work in? Smithfield ☐ Creedmoor ☐ Pittsboro ☐ Roxboro ☐ Leland ☐ Durham ☐

Education Data

	Name of School	Graduated	Degree Earned
High School		Yes ☐ No ☐	
College		Yes ☐ No ☐	
College		Yes ☐ No ☐	
Post Graduate		Yes ☐ No ☐	
Other		Yes ☐ No ☐	

Certificates or Licenses (CDA or RDH)

	CDA	RDH	CPR	Other
Date Earned				
State				
Current Through				

Office Trained DA II

	DA II	X-Ray Cert	Coronal Polishing	CPR	Dental Office ER	OSHA
Date Earned						
State						
Current Through						

Experience & Skills

Skills	Yes	No	Skill Level			Skills	Yes	No	Skill Level		
			Fair	Good	Exc				Fair	Good	Exc
Computer						Tray Set Up					
Word						4 Handed Dentistry					
Excel						Digital X-rays					
Phones						Pour & Trim Models					
Data Entry						Coronal Polishing					
Typing						Make Temp Crowns					
Account Collections						Oral Hygiene Instructions					
Calculating Co-Pays						Charting					
Dental Terminology						Band/Wedge					
Appt Scheduling						Treatment Presentations					
Electronic Claim Sub						Intraoral Camera					
Care Credit						Oral Photography					
Fax						Rubber Dam					
E-Mail						Etch & Bond					
Internet						Impressions					
Verify Insurance						Root Canals					
Dentrix						Manage Inventory					
SoftDent						Chairside Relines					
Medicaid Rules						NCHC Rules					

Previous Employment

Company_____ Title_____

From_____ To _____ Starting Salary _____ Ending Salary _____

Reason for leaving_____

Company_____ Title_____

From_____ To _____ Starting Salary _____ Ending Salary _____

Reason for leaving_____

Company_____ Title_____

From_____ To _____ Starting Salary _____ Ending Salary _____

Reason for leaving_____

References

Name	Occupation	Years Known	Phone

Additional Information

Please use this space to describe any special skills, qualifications, or experience not already covered thus far in the application that you would want us to know about you.

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Affidavit

I authorize, without liability, investigation of all statements in this application. I authorize all schools which I attended and all previous employers to furnish to Total Smiles of Durham my record, reason for leaving and all information they may have concerning me, and hereby release them and Total Smiles of Durham from all liability for any damage whatsoever arising there from. I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish Total Smiles of Durham with information used in connection with the evaluation of my qualifications as a prospective employee. I release such persons and organizations from any legal liability in making such statements. I understand that in the event of my employment by Total Smiles of Durham, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by Total Smiles of Durham, I agree to abide by all present and subsequently issued rules of the Company.

Signature _____ Date _____