

Deborah Barigian, Owner
1 Blackfield Drive, #144
Tiburon, CA 94920

(415) 339-0575
MDPstaffing@icloud.com



Application for Referral *Motivated Dental Professionals*

Employment decisions are made pursuant to a policy of providing equal employment opportunities without regard to race, color, religion, national origin, ancestry, marital status, sex, age, or non-job-related handicaps.

EMPLOYMENT DESIRED

Position applied for: _____ Direct hire Temp only
Available to work: Monday Tuesday Wednesday Thursday Friday Saturday
Do you currently hold a valid professional license? Yes No
Type: _____ License number: _____
State: _____ Expiration: _____ Right-handed Left-handed

PERSONAL INFORMATION

Name (first, middle, last): _____ Social Security #: _____
Present address (street, city, state, zip): _____
Email: _____ Landline: _____ Cell phone: _____
Message method: _____ Best time to call: _____
May we call you at work? Yes No _____ Work number: _____
Benefits requested: Medical Dental Pension Vacation Sick days Holidays
Monthly compensation to existing medical plan: _____
Can your future vacations be arranged at office convenience? Yes No
Expected salary: _____ When can you start: _____
Have you given notice to your present employer: Yes No
Additional comments: _____

EDUCATION

	School name	City	Graduated	Major
High school:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

EXPERIENCE AND SKILLS

FRONT OFFICE

Years of experience

Keyboarding (WPM):	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Bookkeeping:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Software expertise:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Accounts receivables collections:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Payroll:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Quarterly taxes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Treatment presentation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Fee presentation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Insurance processing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Charting:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Dictation equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Recall accounts:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
CPR:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Electronic Ins:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other:		_____

DENTAL HYGIENISTS and/or DENTAL ASSISTANT CHAIRSIDE

CPR training:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration date: _____
Hepatitis vaccination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last date received: _____
COVID-19 vaccinations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	1st shot date: _____ 2nd shot date: _____
		Booster date: _____
Required OSHA courses and training:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of units: _____
Six-handed assisting:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Years of experience: _____
Four-handed assisting:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dental terminology:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Take, develop and mount x-rays:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Digital x-rays:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pour and trim models:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fabricate temporary crowns:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate number: _____
Coronal polish:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate number: _____
Plaque control instructions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Expanded periodontal skills:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Oral surgery:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Expanded orthodontic skills:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Expanded endodontics skills:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scaling/root planning:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Able to do injections:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ER functions license:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Laser certified:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cerec experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Implant skills:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

New materials: _____ New equipment: _____

EMPLOYMENT HISTORY AND INFORMATION

After placement, can you submit verification of your legal right to work in the United States? Yes No

Form of identification verified? Yes No

Employer 1: _____ Phone: _____
Address: _____
Position: _____ Dates of employment: _____
Job description: _____
Salary at hire: _____ Salary at separation: _____
Reason for leaving: _____
Supervisor name and title: _____ May we contact them: Yes No
Notes: _____

Employer 2: _____ Phone: _____
Address: _____
Position: _____ Dates of employment: _____
Job description: _____
Salary at hire: _____ Salary at separation: _____
Reason for leaving: _____
Supervisor name and title: _____ May we contact them: Yes No
Notes: _____

Employer 3: _____ Phone: _____
Address: _____
Position: _____ Dates of employment: _____
Job description: _____
Salary at hire: _____ Salary at separation: _____
Reason for leaving: _____
Supervisor name and title: _____ May we contact them: Yes No
Notes: _____

Employer 4: _____ Phone: _____
Address: _____
Position: _____ Dates of employment: _____
Job description: _____
Salary at hire: _____ Salary at separation: _____
Reason for leaving: _____
Supervisor name and title: _____ May we contact them: Yes No
Notes: _____

Employer 5: _____ Phone: _____
Address: _____
Position: _____ Dates of employment: _____
Job description: _____
Salary at hire: _____ Salary at separation: _____
Reason for leaving: _____
Supervisor name and title: _____ May we contact them: Yes No
Notes: _____

Employer 6: _____ Phone: _____
Address: _____
Position: _____ Dates of employment: _____
Job description: _____
Salary at hire: _____ Salary at separation: _____
Reason for leaving: _____
Supervisor name and title: _____ May we contact them: Yes No
Notes: _____

HEALTH

NOTE: Please attach COVID-19 and hepatitis vaccination documentation to this application.

Personal physician: _____
Facility: _____
Address: _____
Phone: _____

Do you have any physical condition or handicap that may limit your ability to perform the job you applied for?
 Yes No If yes, what can be done to accommodate your limitation?

NOTE: An offer of employment may be contingent on a job-related physical examination.

EMERGENCY CONTACT

Name: _____ Relationship: _____
Landline number: _____ Mobile number: _____

CONFIDENTIAL INFORMATION

Have you been convicted of a felony or misdemeanor within the last 5 years? Yes No
Did it result in imprisonment? Yes No

Please explain fully: _____

NOTE: The existence of a conviction will not necessarily disqualify applicant from the position applied for.

I hereby certify that all the information set herein is true and correct. I understand that discovery of any false statements on this application shall be grounds for immediate dismissal. I authorize investigation of any factual statements supplied on this application, and also do hereby consent to a medical examination by a physician at the company's request and expense.

Please read the above statement and sign application below.

Date: _____ Applicant signature: _____