

**APPLICATION FOR EMPLOYMENT WITH LABBE FAMILY ORTHODONTICS**

Date: \_\_\_\_\_ For which position are you applying?: \_\_\_\_\_  
*Please Write Legibly*

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work Permit #: \_\_\_\_\_  
*(if a minor and if applicable)*

Address: \_\_\_\_\_  
*Street City State Zip*

Can you legally work in the United States?  YES  NO  
Have you ever been convicted of a felony?  YES  NO If yes, please explain: \_\_\_\_\_

**EXPERIENCE AND SKILLS**

Have you had experience in the following:

	YES	NO	# OF YRS.		YES	NO	# OF YRS.
Computerized scheduling				Fixed appliance removal			
Computerized bookkeeping				Fit lingual arches and headgears			
Accounts collections				Take, develop and mount x-rays			
Accounts payable				Pour and trim models			
Treatment presentation				Fabricate appliances			
Fee presentation				Trace cephs			
Insurance processing				Bend wires			
Charting				Fit bands			
Dental terminology				Form arch wires			
Heat sterilization				Take impressions			

**EDUCATION**

Last high school attended: \_\_\_\_\_ Location: \_\_\_\_\_ Check last grade completed: 9 10 11 12

**College, Trade School or Special Training:**

Name of School	Location	Degrees/Certificate	Major

**INDICATE CURRENT DENTAL CERTIFICATES OR LICENSES**

X-ray \_\_\_ 2. CDA \_\_\_ 3. EDDA/RDA \_\_\_ 4. RDH \_\_\_ 5. DH/EF \_\_\_ 6. Expanded function RDA \_\_\_

**DENTAL CERTIFICATES OR LICENSES** *(Indicate number of years' experience for each)*

X-ray \_\_\_ 2. CDA \_\_\_ 3. EDDA/RDA \_\_\_ 4. RDH \_\_\_ 5. DH/EF \_\_\_ 6. Expanded function RDA \_\_\_

Others: \_\_\_\_\_

**Check the time you are willing to work:**

- Days  Evenings No. of days/week \_\_\_\_\_
- Overtime occasionally if necessary
- Full-time  Part-time Hrs./week \_\_\_\_\_

**If offered employment, when can you start?**

\_\_\_\_\_

**Have you given notice to your present employer?**

- YES  NO

**Salary Requirement:** \_\_\_\_\_

**What is your anticipated length of employment?** \_\_\_\_\_

**Circle days of the week you will NOT be available:**

MON TUES WED THURS FRI SAT SUN

**Can your future vacations be arranged at the convenience of the office?**  YES  NO

**Do you have any benefit needs?**  YES  NO

**Please explain:** \_\_\_\_\_

\_\_\_\_\_

**Do you smoke?**  YES  NO

**PREVIOUS EMPLOYMENT**

List present, or most recent, position first. Please cover your last 10 years of employment.

May we contact your present employer?  YES  NO

Name of employer: \_\_\_\_\_ Your last name while employed: \_\_\_\_\_

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Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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Position: \_\_\_\_\_ Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Description of your job: \_\_\_\_\_

Earnings when hired: \$ \_\_\_\_\_ Salary at separation: \$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_ May we contact?  YES  NO

Name of employer: \_\_\_\_\_ Your last name while employed: \_\_\_\_\_

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Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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Position: \_\_\_\_\_ Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Description of your job: \_\_\_\_\_

Earnings when hired: \$ \_\_\_\_\_ Salary at separation: \$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_ May we contact?  YES  NO

Name of employer: \_\_\_\_\_ Your last name while employed: \_\_\_\_\_

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Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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Position: \_\_\_\_\_ Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Description of your job: \_\_\_\_\_

Earnings when hired: \$ \_\_\_\_\_ Salary at separation: \$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_ May we contact?  YES  NO

**WORK REFERENCES (LIST TWO PERSONS, OTHER THAN RELATIVES, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE)**

NAME	TITLE	COMPANY NAME	PHONE NUMBER

**APPLICATION FOR EMPLOYMENT WITH LABBE FAMILY ORTHODONTICS CONTINUED**

*PLEASE COMPLETE THE FOLLOWING INFORMATION IN YOUR OWN HANDWRITING:*

1. Please state which of your previous positions you enjoyed the most and explain why.
  
2. Please state which of your previous positions you enjoyed the least and explain why.
  
3. Briefly describe your short-term (1 year) employment goals.
  
4. Briefly describe your long-term (5 years) employment goals.
  
5. In addition to your work experience, what other experiences, skills, qualifications would especially prepare you to work in our office?

We recognize your right to terminate your employment, at will, whenever you choose for any reason. This office reserves to itself the same right.

I understand 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: \_\_\_\_\_