

Onion Creek Family Dentistry

11215 South I-35, Suite #116

Austin, Texas 78747

ADDITIONAL EMPLOYMENT INFORMATION

I understand that the information on this application is subject to verification, and further understand that any false statements or omissions may be cause for dismissal if hired.

Signature

Date

1

What are your Short-Term Goals for employment (1 year)?

2

What are your Long-Term Goals for employment (5 years)?

3

Briefly state which of your previous positions you enjoyed the most and why?

4

What can you contribute to our team?

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3	
Name of Employer	Your last name at that time
Address	Telephone Number
Position	
Description of your job	
Supervisor's Name	Title
Date of Hire	Date of Termination
Starting Salary \$	Ending Salary \$

4	
Name of Employer	Your last name at that time
Address	Telephone Number
Position	
Description of your job	
Supervisor's Name	Title
Date of Hire	Date of Termination
Starting Salary \$	Ending Salary \$

TIME WILLING TO WORK

Full - Time :	Part - Time :	Days :	Evenings :
Number of days per week :	Hours per week :		
Circle days of week you can NOT work: Mon Tues Wed Thurs Fri Sat Sun			
Can vacation time be arranged at office convenience? Yes No			
Date you can start work:			
Has present employer been given notice? Yes No			
Is there any reason you can not be bonded?			
Salary requirement \$			
What fringe benefits are necessary?			
What is your anticipated length of employment?			

Hours per week

E-26D-P3

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EDUCATION

Name of High School Attended		Location			
Check Last Grade Completed		9 10 11 12			
College, Trade or Specialty Training:					
Name of School	Location	Dates Attended	Degree/Cert.	Major	

EMPLOYMENT HISTORY

List most recent position first. Please cover the last 10 years. Resume may be substituted for employment history.

1		
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Position		
Description of your job		
Supervisor's Name	Title	Telephone Number
Date of Hire	Date of Termination	Length of Employment
Starting Salary \$		Ending Salary \$

2		
Name of Employer		Your last name at that time
Address		Telephone Number
Position		
Description of your job		
Supervisor's Name	Title	Telephone Number
Date of Hire	Date of Termination	Length of Employment
Starting Salary \$		Ending Salary \$

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Phone: 512-233-6200

Fax: 512-233-6201 Date _____

Position Applied For: _____

NAME: _____

ADDRESS: _____
(Street) (City) (Zip)

TELEPHONE #: () ()
(Day) (Evening)

SOC. SEC. #: _____

WORK PERMIT #: _____
(If a minor & applicable)

If you are bi-lingual, what languages do you speak, read or write? _____

Is it legal for you to work in the United States?

Yes

No

Have you ever been convicted of a felony?

Yes

No

Are you left or right handed? Or both. _____

WORK EXPERIENCE & SKILLS

Have you had experience in the following?

(Check last column if in the last 3 years)

	Y/N	# Yrs.	Prior 3		Y/N	# Yrs.	Prior 3
Typing (W.P.M.)				Tray Set- up			
One-write bookkeeping (pegbd.)				4 Handed Assisting			
Computerized bookkeeping				6 Handed Assisting			
Account Collections				Take, Develop & Mount X-Rays			
Treatment Presentation				Pour up & Trim Models			
Fee Presentation				Cornal Polish			
Dental Terminology				Fabricate Temporary Crowns			
Insurance Processing				Cement Temporary Crowns			
Dictation Equipment				Plaque Control Instructions			
Appointment Scheduling				Expanded Periodontic Skills			
Charting				Expanded Orthodontic Skills			
C.P.R. Training				Medicaid/Medicare Claims			