11215 South |-35, Suite #116 Austín, Texas 78747

# ADDITIONAL EMPLOYMENT INFORMATION

I understand that the information on this application is su false statements or omissions may be cause for dismissal	abject to verification, and further understand that any if hired.
5	Signature
	Date
What are your Short-Term Goals for employment (1 year	r)?
What are your Long-Term Goals for employment (5 year	rs)?
Briefly state which of your previous positions you enjoyed	d the most and why?
What can you contribute to our team?	ž

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Name of Employer			Your last name at that time					
							***************************************	
Address			Telepl	ione Num	ber			
				OFFICE OF STREET	the state of the s		***********	
Position						Distriction is the same	151 155	
populari de la compania de la compa			-			100		
Description								
Description of your job		etrocari e l'altagrant de l'altagran	* 7+3/c/tokeo esse, p.s., s/	T T				
Supervisor's Name	1000							
Super visor s tyante	Title	Accesses the second of the sec	CONTRACTOR OF THE OWN	Telephon	e Number		· · · · · · · · · · · · · · · · · · ·	
Date of Hire	Date of Terminat	ion		T414	î P I			
Starting Salary \$	The state of the s	Ending Salary	, <b>s</b>	Length of	Employme	nt	***************************************	
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4	The second secon		To a stray in the part of the law of the					
Name of Employer			Your l	ast name	at that time			
Address	and the company of the stage and order to the stage of th		Teleph	none Num	ber	****		
Position								
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escale de la constante de la c								
Description of your job								
						***********	<del></del>	
Supervisor's Name	Title			Telephon	e Number			
Caracteristics of the	the state of the s							
	Date of Hire Date of Termination			Length of Employment				
Starting Salary \$		<b>Ending Salary</b>	\$					
	TIME WILLING	G TO WOR	K		w			
Full - Time: Part -	Time:	Days:			Evenings:			
Number of days per week :		Hours per v	veek :		L			
Circle days of week you can NOT		Tues W	ed ed	Thurs	Fri	Sat	Sun	
	Can vacation time be arranged at office convenience? Yes No							
Date you can start work:						***************************************		
Has present employer been given n		Y	es	No		+72**********************		
Is there any reason you can not be	bonded?					**************************************		
Salary requirement \$						·····		
What fringe benefits are necessary								
What is your anticipated length of	employment?							

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### EDUCATION

Name of High School Att	tended	Location				
Check Last Grade Compl	ACCORDING TO SECURITY OF THE PROPERTY OF THE P	Trocurrons	9	10 11	12	
	or Specialty Training:			10 11	12	
Name of School	Location	Dates Attended		Degree/Cert.	Major	
		- Second Account		Dogred Cort.	Iviajoi	
			THE PERSON NAMED IN COLUMN			
			ndistante#bytomence.com			
		DYMENT HISTO				
List most recent position history.	n first. Please cover the la	st 10 years. Resume m	nay be si	ubstituted for em	ployment	
1			orage sources and			
Name of Employer			Your l	ast name at that ti	me	
Address			Teleph	Telephone Number		
Position						
Description of your job			72			
Supervisor's Name	Title			Telephone Numbe	er	
Date of Hire	Date of	Termination		Length of Employ	vment	
Starting Salary \$		Ending Salary S				
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Name of Employer			Your 1	ast name at that ti	me	
Address			Telephone Number			
Position						
Description of your job					· ·	
Supervisor's Name	Title			Telephone Numbe	<b>T</b>	
Date of Hire	Date of 7	Termination		Length of Employ	ment	
Starting Salary \$	the state of the s	Ending Salary \$		Dougen or Employ	mont	

Ending Salary \$

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Phone: 512-233-6200

Fax: 512-233-6201	Date
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Position Applied For	e e	- November 1		West Constitution of the C
NAME:		3		
ADDRESS:				
	(Street)	(City)		(Zip)
TELEPHONE #:	(Day)	2	( ) (Eveni	ng)
SOC. SEC. #:				
WORK PERMIT #	{: (If a minor & applicable)			
	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			a named a	6 Handed Assisting			
Account Collections				Take, Develop & Mount X-Rays		7	
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			