

**Employment Application
RAINBOW DENTAL CENTER**

Please Read

PRESENT LAWS PREVENT AN EMPLOYER FROM ASKING CERTAIN "DISCRIMINATORY" QUESTIONS OF APPLICANTS. THEREFORE, WE PROVIDE THE FOLLOWING AREAS IN WHICH YOU MAY VOLUNTARILY PROVIDE US INFORMATION WHICH WILL HELP US IN DETERMINING YOUR QUALIFICATIONS FOR THE AVAILABLE POSITION. THE COMPLETENESS OF YOUR ANSWERS, YOUR NEATNESS AND YOUR FRANKNESS ARE ALL A PART. YOUR PERCEPTION AND AWARENESS ARE ALSO BEING MEASURED TO SOME DEGREE.

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DATE _____ SOCIAL SECURITY NUMBER _____

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

LIVED IN THIS AREA (YRS) _____ BEEPER/CELL NUMBER _____

EMAIL ADDRESS: _____

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WHY ARE YOU LOOKING FOR A JOB?

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POSITION FOR WHICH YOU ARE APPLYING _____

DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU CURRENTLY EMPLOYED? _____

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

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EDUCATIONAL BACKGROUND:

Name & Location	Number of years completed	Did you Graduate?	Course of Study
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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SUBJECTS OF SPECIAL STUDY OR SPECIAL RESEARCH WORK: _____

DO YOU SPEAK A FOREIGN LANGUAGE? _____

IF SO, WHICH ONE(S)? _____

ARE YOU ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? _____
HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

EMPLOYMENT HISTORY

EMPLOYER/phone#	DATES OF EMP.	POSITION	SALARY	REASON FOR LEAVING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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WHAT ARE YOUR PERSONAL INTERESTS (ACTIVITIES, HOBBIES)?

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PERSONAL INFORMATION (TELL US ABOUT YOURSELF)

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HOW IS YOUR HEALTH?
HAVE YOU HAD ANY RECENT PROBLEMS?
IF SO, WHAT?

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WHAT ARE YOUR GOALS?

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WHAT DO YOU EXPECT FROM A JOB?

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WHAT DO YOU FEEL IS YOUR GREATEST CONTRIBUTION TO AN EMPLOYER?

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HOW LONG DO YOU EXPECT TO BE ON YOUR NEXT JOB?

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EMPLOYMENT REFERENCES

NAME	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE CHECK THE ITEMS & LEVEL IN WHICH YOU HAVE EXPERIENCE:

FOR DENTISTS, ASSISTANTS & HYGIENISTS ONLY

Experience	NONE	SOME	AVERAGE	EXTENSIVE
BACK OFFICE:				
CASE PRESENTATIONS	_____	_____	_____	_____
CHARTING	_____	_____	_____	_____
FOUR HANDED DENTISTRY	_____	_____	_____	_____
STERILIZATION	_____	_____	_____	_____
PANELIPSE X-RAYS	_____	_____	_____	_____
POUR & TRIM MODELS	_____	_____	_____	_____
CONSTRUCTING TEMP CRNS	_____	_____	_____	_____
TRAY SET UPS	_____	_____	_____	_____
TAKING IMPRESSIONS	_____	_____	_____	_____
LIST OTHER EXPANDED DUTIES:				

Assistants: Are you certified in: X-rays: _____ Coronal Polishing: _____

RECEPTIONISTS

Experience	NONE	SOME	AVERAGE	EXTENSIVE
FRONT OFFICE:				
INSURANCE BILLING	_____	_____	_____	_____
COMPUTER EXPERIENCE	_____	_____	_____	_____
ACCOUNTS PAYABLE	_____	_____	_____	_____
APPOINTMENT CONTROL	_____	_____	_____	_____
TEN-KEY ADDING MACHINES	_____	_____	_____	_____
TYPING (SPEED _____)	_____	_____	_____	_____
CONFIRMING APPOINTMENTS	_____	_____	_____	_____
FILING	_____	_____	_____	_____
USE OF RECALL SYSTEM	_____	_____	_____	_____
ACCOUNTS RECEIVABLE	_____	_____	_____	_____
DEALING WITH THE PUBLIC	_____	_____	_____	_____
MULTI TASKING	_____	_____	_____	_____
LIST OTHER FRONT OFFICE SKILLS				

I understand that this application is not a contract of employment. If hired, my employment relationship with the Company is terminable at-will, with or without cause or notice, by either the Company or me. I also acknowledge that no one at the Company has the authority to modify the at-will relationship.

I certify that all information provided by me in connection with my application for my employment is true and complete, and that any false or incomplete information will result in me not being hired or, if I am hired, may result in me later being discharged from employment. I authorize the Company to investigate my background and prior work experience, and I hereby release the Company, prior employers and all others regarding information that is communicated about me.

Applicant Signature _____

Rainbow Dental Center
5321 Center Street
Omaha, NE 68106
402-551-2238
402-551-7091 fax

PREVIOUS EMPLOYER REFERENCE RELEASE

I HEREBY AUTHORIZE ANY FORMER EMPLOYER OF MINE TO FURNISH RAINBOW DENTAL CENTER ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE; BE IT PERSONAL OR OTHERWISE. I ALSO RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT THEREFROM.

Applicant's Name (please print)

Applicant's SS#

Applicant's Signature

Date