

## **EMPLOYMENT APPLICATION FORM**

**Applicant Information** Full Name: \_\_\_\_\_\_\_Date: \_\_\_\_\_\_ Social Security Number: \_\_\_\_\_Full-time: □ Part-time: □ Address: \_\_\_\_\_ City: \_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_ Home Phone: \_\_\_\_ Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Date Available to Start Work: \_\_\_\_\_Salary Requirement: \_\_\_\_\_ Days and Hours Available: \_\_\_\_\_\_ Years of Experience: \_\_\_\_\_ Position Applying For (Check all that apply): ☐ Registered Dental Assistant ☐ Front Office Staff ☐ Office Manager ☐ Registered Dental Hygienist ☐ Marketing Agent ☐ Facilities Engineer ☐ Revenue Cycle Staff Office Location(s) (Check all that apply): ☐ Willing to work at any location if needed ☐ Bluitt Flowers – 303 E. Overton Rd, Dallas, TX 75216 ☐ DeHaro Saldivar – 1400 N. Westmoreland Rd, Dallas, TX 75211 ☐ Irving – 1800 N. Britain Rd, Irving, TX 75061 ☐ South East Dallas – 9202 Elam Rd, Dallas, TX 75217 ☐ Garland – 802 Hopkins St, Garland, TX 75040 ☐ Grand Prairie – 801 Conover Dr, Grand Prairie, TX 75051 □ Viola Pitts- Como Health Center– 4701 Bryant Irvin Rd. N., Fort Worth TX 76107 ☐ Diamond Hill Health Center- 3308 Deen Rd., Fort Worth TX 76106 ☐ Medical Home Southeast Tarrant— 1050 W. Arkansas Ln., Arlington TX 76013 ☐ Medical Home North Tarrant – 3200 W. Euless Blvd., Euless TX 76040 ☐ Stop Six- Walter B. Barbour health Center – 3301 Stalcup Rd, Fort Worth TX 76119 **Employment History** (Please list your last three employers, starting with the most recent.) 1. Employer: Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Address: Phone: \_\_\_\_\_ Can we call for reference?  $\square$  Yes  $\square$  No

Reason for Leaving:

2. Employer:	
Dates Employed: From To	
Position:	Salary:
Address:	_
Phone:	Can we call for reference? $\square$ Yes $\square$ No
Reason for Leaving:	
3. Employer:	
Dates Employed: From To	<del></del>
Position:	
Address:	
Phone:	
Reason for Leaving:	
<b>Education &amp; Certifications</b>	
Professional Training for: N	ama of School/Program
Length of Training Vears months G	raduated from Training in(Month/Year)
College: Completed	
High School: Completed	vears, Graduated on
Are you a Texas Board- Registered RDA, RDH	
Effective Date:	,
Are you Texas Board-Certified for N2O administration	n? ☐ Yes ☐ No
Are you current with CPR requirements? $\square$ Yes $\square$ No	
Any additional certificates?	
•	
Have you had Hepatitis vaccine? ☐ Yes ☐ No	
Do you smoke? ☐ Yes ☐ No	
Do you smoke. In tes Into	
Skills & Experience	
Office Skills:	
Office Skills.	
Truing Coods WDM	
Typing Speed: WPM Comfortable with entering treatment information on a	aamputar?
Comfortable with entering treatment information on a <b>For Registered Dental Assistants Only:</b>	computer? $\square$ res $\square$ No
	M <sub>o</sub>
Experience with using digital radiography?   Yes   Yes	NO
Systems Used: Experience with using digital Scanners? □ Yes □ No	
Systems Used:	
Able to place rubber dam? ☐ Yes ☐ No	137
Able to take x-ray with rubber dam in place? $\square$ Yes $\square$	l No
Able to make temporary crown? $\square$ Yes $\square$ No	
Able to pack cord? ☐ Yes ☐ No	
Able to place Tofflemire matrix? $\square$ Yes $\square$ No	
Packaround Information	
Background Information	
Have you ever been arrested or convicted of a felony?	
(Disclosure will not necessarily disqualify you for emp considered.)	pioyment consideration. All circumstances will be

If yes, please explain:
Have you ever been accused of, or charged with, discrimination and/or harassment at the place of employment against anyone on the basis of race, sex (including sexual harassment and same-sex harassment), age, religion, disability, color, national origin, veteran's status, sexual orientation or any other basis prohibited by law. If yes please explain the circumstances and the disposition? ☐ Yes ☐ No If yes, please explain:
Provide any information that might influence your ability to work during the hours of operations in our company:
Equal Opportunity Employment
Bravo! Dental is an equal opportunity employer. We are committed to providing a workplace free of discrimination and harassment based on race, color, religion, sex, national origin, age, disability, marital or veteran status, or any other protected status. Employment decisions are based on qualifications, merit, and business needs. Reasonable accommodation can be provided for qualified individuals with disabilities, as long as they do not compromise the essential duties and tasks required for the position.
Agreement
<ul> <li>I certify that all information provided is true and correct to the best of my knowledge. I understand omissions or misrepresentations may be the cause for rejection or dismissal. I authorize Bravo! Dental true contact all sources necessary to verify this information and hold harmless Bravo! Dental and those providing information.</li> <li>I understand that issuance of this application does not indicate that there are any positions open and does</li> </ul>
not in any way obligate the company. If employed, I agree to comply with all policies and procedures o the company as a condition of continued employment. Furthermore, my employment shall be at-will an may be terminated at any time upon notice by me or by the company.
<ul> <li>I will regard and preserve as confidential, and will not divulge to unauthorized persons any information matter, or things of a secret, confidential, or private nature connected with the business or employees of the company.</li> </ul>
<ul> <li>I understand that a background check is mandatory before employment consideration, and any offer extended to me will be contingent upon successful completion.</li> </ul>
• I understand that when reporting to work, I will furnish proof to legally work in the United States.
Interview Commitment Agreement  By submitting this application, I acknowledge that scheduling an interview is a commitment. If I am unable to attend my scheduled interview for any reason, I agree to notify Bravo! Dental as soon as possible and at least 2 hours in advance, unless an emergency prevents me from doing so. Failure to attend a scheduled interview without prior communication may result in disqualification from current and future employment opportunities with Bravo! Dental.
Applicant Signature:Date:
Office Use Only

Interview Date: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

Notes: