



Application for Employment

Submit completed applications to careers@waterlooheights.com

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT

PERSONAL INFORMATION

Position Applied For: _____ Date of Application: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Other Phone: _____ Social Security #: _____

If you are under the age of 18, and it is required, can you furnish a work permit? Yes No

If no, please explain: _____

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Have you ever been charged and/or convicted of a crime? Yes No

If yes, please explain: _____

NOTE: Charges/Convictions will not necessarily be a bar to employment, each instance and explanation will be considered.

Type of Employment desired: Full-time Part-time Other

Driver's License Number: _____ State Issued: _____

EMPLOYMENT HISTORY

Please provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

Employer: _____ Phone: _____ Position: _____

Address: _____ Wage: _____

From: _____ To: _____ Supervisor: _____ Title: _____

Job Responsibilities: _____

Reason For Leaving: _____

Employer: _____ Phone: _____ Position: _____

Address: _____ Wage: _____

From: _____ To: _____ Supervisor: _____ Title: _____

Job Responsibilities: _____

Reason For Leaving: _____

Employer: _____ Phone: _____ Position: _____

Address: _____ Wage: _____

From: _____ To: _____ Supervisor: _____ Title: _____

Job Responsibilities: _____

Reason For Leaving: _____

EMPLOYMENT HISTORY CONTINUED

Employer: _____ Phone: _____ Position: _____
Address: _____ Wage: _____
From: _____ To: _____ Supervisor: _____ Title: _____
Job Responsibilities: _____
Reason For Leaving: _____

RESIDENTIAL HISTORY

Please provide your current and previous residential history.

Current Address: _____ Rent Own Lease
City, State, Zip: _____
From: _____ To: _____ Name of Apartments (if applicable): _____
Landlord/Management Company/Mortgage Company: _____
Landlord/Management Company/Mortgage Company Address: _____
City, State, Zip: _____
Home Phone: _____ Fax: _____ Email: _____

Previous Address: _____ Rent Own Lease
City, State, Zip: _____
From: _____ To: _____ Name of Apartments (if applicable): _____
Landlord/Management Company/Mortgage Company: _____
Landlord/Management Company/Mortgage Company Address: _____
City, State, Zip: _____
Home Phone: _____ Fax: _____ Email: _____

EDUCATION

High School: _____ Years Completed: _____ Did you Graduate? Yes No Course or Major: _____
College: _____ Years Completed: _____ Did you Graduate? Yes No Course or Major: _____
Post Graduate: _____ Years Completed: _____ Did you Graduate? Yes No Course or Major: _____
Other: _____ Years Completed: _____ Did you Graduate? Yes No Course or Major: _____
Other: _____ Years Completed: _____ Did you Graduate? Yes No Course or Major: _____
Other: _____ Years Completed: _____ Did you Graduate? Yes No Course or Major: _____

CERTIFICATES OR LICENSES

DDS/DMD	Lic/Cert#: _____	Date Earned: _____	State Issued: _____	Date Earned: _____
X-Ray	Lic/Cert#: _____	Date Earned: _____	State Issued: _____	Date Earned: _____
DA	Lic/Cert#: _____	Date Earned: _____	State Issued: _____	Date Earned: _____
RDA	Lic/Cert#: _____	Date Earned: _____	State Issued: _____	Date Earned: _____
RDA/EF	Lic/Cert#: _____	Date Earned: _____	State Issued: _____	Date Earned: _____
RDH	Lic/Cert#: _____	Date Earned: _____	State Issued: _____	Date Earned: _____
RDH/EF	Lic/Cert#: _____	Date Earned: _____	State Issued: _____	Date Earned: _____
COR POL	Lic/Cert#: _____	Date Earned: _____	State Issued: _____	Date Earned: _____
CPR	Lic/Cert#: _____	Date Earned: _____	State Issued: _____	Date Earned: _____

EXPERIENCE AND SKILLS

OFFICE SKILLS

- | | | | | | | |
|--------------------------|------------------------------|-----------------------------|--|-------------------------------|-------------------------------|------------------------------------|
| Keyboard Skills: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Bookkeeping: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Computer: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Word Processing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Excel: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Single/Multi-line Phone: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Account Collections: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Treatment Presentation: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Fee Presentation: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Dental Terminology: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Insurance Processing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Appointment Scheduling: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Charting: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |

CLINICAL SKILLS

- | | | | | | | |
|------------------------------|------------------------------|-----------------------------|--|-------------------------------|-------------------------------|------------------------------------|
| CPR Training: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Tray Setup: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| 4-Handed Dentistry: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| 6-Handed Dentistry: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Take, Develop, Mount Xrays: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Pour and Trim Models: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Coronal Polish: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Fabricate Temporary Crowns: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Cement Temporary Crowns: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Tooth Whitening: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Plaque Control Instructions: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Periodontic Skills: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Orthodontic Skills: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| OSHA & Safety Regulations: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please mark your skill level:</i> | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |

Please summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

GENERAL INFORMATION

Can you fulfill the job duties and responsibilities of the position for which you are applying as they have been described to you, with or without a "reasonable" accommodation? Yes No

Are you available for the work hours required of the position for which you are applying? Yes No

If applicable, do you have the required license(s) to perform the job? Yes No

Can your vacations be arranged at practice convenience? Yes No

If no, please explain: _____

Do you illegally use drugs? Yes No

Date available to start? _____

Salary requirements: \$ _____ / hour \$ _____ / daily \$ _____ / month

Benefit requirements: _____

Please indicate your availability to work: Days Evenings _____ Days/wk _____ Hours/wk

Hours available from: _____ AM PM to: _____ AM PM

Mark any days of the week you will NOT be available to work: Mon Tue Wed Thu Fri Sat Sun

REFERENCES

Name: _____ Relationship: _____ Phone: _____ Years Known: _____

Name: _____ Relationship: _____ Phone: _____ Years Known: _____

Name: _____ Relationship: _____ Phone: _____ Years Known: _____

PLEASE READ THE FOLLOWING AND SIGN BELOW

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application. I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

GENERAL AGREEMENT

If hired, I will provide legal proof of identity and authority to work in the United States. I agree to conform to the rules and standards of the practice, as amended from time to time at the employer's discretion. I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. I hereby certify that the information contained in this application form is true and correct to the best of my knowledge.

EMPLOYMENT RELATIONSHIP

If hired, I understand that employment with the practice is not for a specified term and can be terminated "At Will", with or without cause, and with or without notice, at any time, either at the option of the employee or the employer. No employee or representative of the practice, other than its owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the employer may not alter the "At Will" nature of the employment relationship unless it is done specifically in writing and is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the "At Will" nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

AUTHORIZATION OF REFERENCE AND BACKGROUND CHECKING

All offers of employment are conditioned upon receipt of satisfactory responses to reference requests and background inquires and exams. Unless I have otherwise indicated above, I authorize the references listed, as well as all other individuals who may be contacted, to provide any and all information concerning my previous employment, background, and any other pertinent information that they may have. Additionally, contingent upon a conditional offer of employment and as part of screening for the position for which I am applying, if required, I agree to take a physical exam, drug test, and/or authorize a background check which may include a review of criminal convictions, driving record and credit history. Further, I release all parties and persons from all liability for any damages that may result for furnishing the practice with such information as well as from the use or disclosure of such information by the employer or any of its agents, employees or representatives.

Applicant's signature: _____ Date: _____

Application forms will be retained for a period of 3 years.