



GARINE & BOZA PROSTHODONTICS
— AESTHETIC & IMPLANT DENTISTRY —

Date: _____

Name: _____ Phone: () _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP CODE

Position Desired: _____ Requested Hourly Wages: _____

What is your anticipated length of employment? _____

Are you eligible for employment in the U.S.A. Yes No

Are you currently employed? Yes No Have you given notice to your employer? Yes No

May we contact your current employer? Yes No

Phone: () _____ Name: _____ Title: _____

When are you able to start work? _____

Time you are willing to work: Full time Part time Hours per week: _____

Have you ever been convicted of a criminal offense? Yes No

Please note, you will be considered for employment without regard to your race, color, creed, sex, religion, marital status, national origin, age, or any other legally protected status.

Education

Please complete the following regarding your education information.

	High School				College/ Trade School				Graduate/ Professional			
School Name												
Address												
Year Completed (circle)	9	10	11	12	1	2	3	4	1	2	3	4
Degree Received												

Please select all the apply to you: X-ray certification CDA RDA RDH Other : _____

Continuing education courses attended in the last two years: _____



Experience and Skills

Please check "yes" for the skills in which you have experienced and indicate the number of years experienced. Please check "no" if you have not performed the task within the last three years.

	Yes	No	# of Years		Yes	No	# of Years
Appointment Scheduling, Computer				Charting			
Schedule Management				Take/ Mount Xrays			
Computer Data Entry				Digital Radiography			
Appointment Scheduling, Computer				Case/ Invisalign Photos			
Billing				Pour & Trim Models			
Accounts Payable				Fabricate Temp Crowns			
Account Collections				4 Handed Assisting			
Treatment Plan Presentation				Assist Crown and Bridge			
Fee Presentation				Assist Endodontics			
Making Financial Arrangements				Assist Oral Surgery			
Past Due Account Contact				Assist Orthodontics			
Insurance Processing				Assist Periodontics			
Electronic Claims				Coronal Polishing			
Other:				Home Care Instructions			
				Soft Tissue Management			
				PSR			
				SRP			
				Intraoral Camera Photos			

Do you speak a language other than English which could be relevant or helpful in the position for which you have applied? Yes No Language(s): _____

In your previous positions, what duties did you enjoy doing the most and why?

In your previous positions, what duties did you enjoy doing the least?

Describe a career obstacle that you encountered in the past and explain how you overcame it.
