

Employment Application

Tebo Dental Group

(770) 925-3300

This is an application for employment at the dental offices of Mark D. Thebaut D.D.S., P.C., doing business as Tebo Dental Group, with locations in Lilburn, Gainesville and Dacula.

Please answer all questions, even though some questions may not seem to be applicable to the position you are seeking. Please provide only the information that is requested in this application. If you provide information that is not requested, your application will be rejected.

Personal

Name _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____ Email _____

Have you ever been convicted of a crime, other than a minor traffic offense? Yes ___ No ___

If so, please explain _____

Employment Related Information

Are you authorized to work in the U.S.? Yes ___ No ___

I am interested in (please check all that apply) Chair Side Assistant _____ Hygienist _____
Accounting/AR _____ Front Office _____

Employment desired: Part Time _____ Full Time _____

Are there any days during the week that you are not available for work? Yes _____ No _____

What Days? _____

Can you travel on your own between our Lilburn, Gainesville and Dacula offices if needed? Yes ___ No ___

What is your salary expectation? _____

Can you take your vacations at whatever times are specified by the practice? Yes ___ No ___

If not, please explain _____

Do you have any difficulties or reservations about working with children? Yes ___ No ___

If so, please explain _____

Were you previously employed by us? Yes ___ No ___ If so, when? _____

How soon can you start work? _____

Do you currently smoke cigarettes (our offices, parking areas and grounds are smoke-free)? Yes ___ No ___

Do you have a computer at home? Yes ___ No ___

Do you have an internet connection at home? Yes ___ No ___

Do you have a printer at home? Yes ___ No ___

If you are hired but later decide to leave our employment, will you give us at least 3 weeks notice? Yes ___ No ___

Education

	Name & Address	Graduated?	How many years completed?	Major
High school	_____	Yes ___ No ___	_____	_____
College	_____	Yes ___ No ___	_____	_____
Dental Assistant School	_____	Yes ___ No ___	_____	_____
Hygienist School	_____	Yes ___ No ___	_____	_____

Certifications

Please provide a copy of each certificate

	Certificate No	Date	State Issued	Current until (date)
CPR	_____	_____	_____	_____
X-ray	_____	_____	_____	_____
Dental Assistant	_____	_____	_____	_____
Expanded Duties	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

Qualifications

Do you have reasonable skills in the following areas?

Typing (speed: _____ wpm)	Yes ___	No ___	Dental instruments	Yes ___	No ___
Microsoft Outlook	Yes ___	No ___	Sealants	Yes ___	No ___
Microsoft Word	Yes ___	No ___	Taking x-rays without Rinn Holders	Yes ___	No ___
Microsoft Excel	Yes ___	No ___	Orthodontics	Yes ___	No ___
Bookkeeping	Yes ___	No ___	Pour Models	Yes ___	No ___
QuickBooks	Yes ___	No ___	Oral Evacuator	Yes ___	No ___
Adding machine	Yes ___	No ___	Rubber Dam Application	Yes ___	No ___
Handling insurance	Yes ___	No ___	Temp Crown/Bridges Fabrication	Yes ___	No ___
Dental terms	Yes ___	No ___			

References

Please list three references. Please do not list close relatives or previous employers.

Name _____	Relationship _____
Company _____	Occupation _____
Address _____	Phone _____
Name _____	Relationship _____
Company _____	Occupation _____
Address _____	Phone _____
Name _____	Relationship _____
Company _____	Occupation _____
Address _____	Phone _____

Employment History

Please list your employment for the last 5 years, with your most recent employment first Please account for any time not employed. Please use additional sheets if needed.

Employer _____	Phone _____
Address _____	Supervisor _____
Job title _____	Starting salary _____
	Ending salary _____
Responsibilities _____	
From (mo/yr) _____ to _____ Reason for leaving _____	
May we contact this employer for a reference? Yes ___ No ___	

Employer _____ Phone _____
Address _____ Supervisor _____
Job title _____ Starting salary _____ Ending salary _____
Responsibilities _____
From (mo/yr) _____ to _____ Reason for leaving _____
May we contact this employer for a reference? Yes ___ No ___

Employer _____ Phone _____
Address _____ Supervisor _____
Job title _____ Starting salary _____ Ending salary _____
Responsibilities _____
From (mo/yr) _____ to _____ Reason for leaving _____
May we contact this employer for a reference? Yes ___ No ___

Employer _____ Phone _____
Address _____ Supervisor _____
Job title _____ Starting salary _____ Ending salary _____
Responsibilities _____
From (mo/yr) _____ to _____ Reason for leaving _____
May we contact this employer for a reference? Yes ___ No ___

Applicant's Statement, Authorization and Release

Information Correct and Complete

The information in this application is correct and complete to the best of my knowledge. I authorize the practice to conduct whatever investigation the practice determines appropriate to verify the information I have provided. If I have made any misrepresentation or omission of material information in this application, the practice may withhold an offer of employment or, if I am hired, may terminate my employment immediately.

Authorization and Release concerning Information Provided

Except as I have indicated to the contrary in this application, I authorize all persons who may be contacted in connection with this application to provide any and all information concerning my previous employment or background. I release all such persons from liability for any damages that may result from providing such information to the practice.

Exams and Background Checks

If required for the position or as a result of any of my responses in this application, I will submit to a physical exam or drug test and I will authorize in writing a background check concerning my driving record, credit history and any criminal convictions.

Employment Offer

If the practice makes an offer of employment, the offer is conditioned upon receipt of satisfactory responses to reference and background inquiries. If I am hired, I will provide proof of identity and authority to work in the U.S.

Employment at Will

If I am hired, my employment will not be for a definite period of time and the practice, in its sole discretion, may terminate my employment at any time, with or without cause and with or without advance notice.

Waiver concerning Public Records

I waive my right to receive a copy of any public records that the practice may obtain in connection with this application. Yes _____ No _____

Signature of Applicant Date signed _____



Disclosure and Authorization for Background Investigation

I (the employee or applicant identified below) consent to and authorize the employer identified below (“Employer”), to conduct an investigation of my background and to obtain and use information about my character, general reputation, personal characteristics, mode of living, references, past or present employment, education, professional status, residences, military service, credit, civil actions, motor vehicle records, criminal history or any other aspect of my background (any such information being “Background Information”) to help the Employer evaluate my application for employment or, if I am already employed, to help the Employer evaluate my suitability for reassignment, retention or any other job-related action. I further authorize the Employer to conduct a background investigation with its own staff or with the help of any third party person or organization that the Employer may engage for that purpose (a “Background Investigator”). ADP Screening and Selection Services, a third party background check company, will be one of the organizations engaged to produce a background report for the Employer. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933.

I understand that Background Information about me may be gathered from credit bureaus, court records, motor vehicle departments, past or present employers, educational institutions, governmental licensing or registration entities and business or personal references, among other sources.

I understand that, if I make a written request within a reasonable period of time after the date of this Authorization, the Employer will make a complete and accurate disclosure to me of the nature and scope of the investigative report that the Employer requested about me. I understand that the Employer will make this disclosure in a writing mailed, or otherwise delivered, to me not later than five (5) days after the Employer receives my request or the Employer requests the report, whichever is later.

I consent to and authorize all public and private organizations and all other persons or entities having any Background Information about me to release that information upon request to the Employer and to any Background Investigator.

I release the Employer, any Background Investigator and any other person or entity lawfully providing information or lawfully conducting research pursuant to this authorization from any liability or claim relating to such information or research.

I acknowledge receipt of the document titled “Summary of Your Rights Under the Fair Credit Reporting Act”. I understand that, if the Employer uses a Background Investigator to conduct an investigation of my background, the information obtained from the investigation will be a “consumer report” and I will have the rights described in the Summary with respect to that consumer report.

If I am applying for employment and I am later hired by the Employer, or if I am an existing employee, this authorization shall remain in effect for the duration of my employment or until I earlier notify the Employer in writing that this authorization is terminated.

The following information is correct and complete to the best of my knowledge and belief:

TEBO DENTAL GROUP

Employer (Print full employer name, including “LLC”, “Inc”, “PC”, etc., as applicable)

Applicant/Employee Name (including middle name)

Date of Birth*

Other or prior names (maiden, married, etc.)

Driver’s License Number & State

Social Security Number

Home Telephone (with area code)

Home Street Address, City, County, State & Zip Code

X

Applicant/Employee Signature

Date Signed

*This information is needed to conduct a background investigation. NOTE: After completion and signature, provide the applicant/employee with a copy of this page and the “Summary of Your Rights under the Fair Credit Reporting Act”