

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, Peachtree Corners, 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.

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 between our Lilburn, Peachtree Corners, Gainesville & 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 professional references such as former co-workers or employers. Please do not list close relatives.

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 _____