

# Dental Hygienist GSLDS Application for Employment

Full Time     Part Time



Name \_\_\_\_\_ Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

## EMPLOYMENT HISTORY

Employer Name/Address	Position/Title	Wages	Dates Employed	Reason for Leaving

If applicable, may we contact your current employer?     Yes     No    Resume Attached:     Yes     No

Years of Experience :    \_\_\_ G.P.    \_\_\_ Pediatric    \_\_\_ Perio    # of C.E. past 12 months    \_\_\_

Member of A.D.H.A.    \_\_\_    M.D.H.A.    \_\_\_    Active Licenses:    \_\_\_\_\_

## EDUCATION

School/College/University	Years Attended	Graduation Year/Degree

Date available for employment: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Certifications: \_\_\_\_\_

Expanded Duties: \_\_\_\_\_

Computer Skills : \_\_\_\_\_

Other: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_