

Dental Office Personnel—GSLDS Application for Employment



Office Mngr.
 Recept.
 Tx. Planner
 Insurance Coord.
 Financial Coord.

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.
 _____ Endo
 _____ O.S.
 _____ Ortho
 _____ Pediatric
 _____ Perio
 _____ Prosthodontics

Date available for employment: _____ Salary Range Expected: _____

EDUCATION

School/College/University	Years Attended	Graduation Year/Degree

Experienced in: (check all that apply)

- Taking X-Rays
 Process X-Rays
 Lab Work
 Treatment Planning
 Recalls
 Collections
 Insurance
 Accounting
 Appt. Scheduling
 Sterilization

Computer Skills : _____

Other: _____

Signature _____ Date _____