



DYNAMIC DENTAL

STAFFING SOLUTIONS LLC
DENTAL PROFESSIONALS AT THEIR BEST

Dental Staffing Application

Date: _____

Name: _____
Last First Middle

Current Address: _____

Home Telephone: (____) _____ Cell No: (____) _____

Social Security Number: ____-____-____ DOB: ____/____/____ E-Mail: _____

Position applied for: _____ Desired Salary: _____ **Desired Employment (Check all that applies):**
 Full Time Part Time Temporary
 Dentist (Please provide us with a copy of your license) Registered Dental Hygienist (Please provide us with a copy of your license)
 Dental Assistant II (Please provide a copy of your certificate) Dental Assistant I Front Office Personnel
 Days/hours you are available for work: Monday: ____-____ Tuesday: ____-____ Wednesday: ____-____ Thursday: ____-____
 Friday: ____-____ Saturday: ____-____ No preference _____
 When are you available to start work? _____ Driver's License No: _____

Education	School Name	Location (Address Included)	Graduate?	Major/Degree
High School				
College				
Dental Assisting School				
Hygiene Program				
Dentist Program				

Work History (Please also submit your resume)

Employer: _____ Phone: (____) _____
 Address: _____
 Employment Dates: _____ Reason For Leaving: _____
 Job Title: _____ Supervisor: _____
 Job Responsibilities: _____

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Experience (Please List Years of Experience)

Clinical

- Endodontics Oral Surgery Prosthodontics Implants Pedodontics
- Ortho Sealants
- Place/Remove Arch Wire Four Hand Chair Side Take X-Rays
- Place/Remove Ligatures Digital X-Rays
- Invisalign Digital Software: _____

- Place Rubber Dam Charting Pour Models Conscious Sedation IV Sedation
- Sterilize Instruments Paper
- Impressions Paperless Perio Charting
- Cerec Paper
- iTero Paperless

- Wax in Tray Temporary Crowns Coronal Polishing Intraoral Camera Nitrous Oxide
- Whitening

Administrative

- Scheduling Appointments
- Checking out Patients
- Electronic Claim Submission
- Collections
- Treatment Planning

- E-Mail
- E-Mail Attachments (X-Rays, Docs etc.)
- Fax
- Accounts Receivable
- Insurance Verification
 - Phone
 - Fax
 - Internet
- Phone System Operation
- 3rd Party Financing

Hygiene

- Administer Antimicrobial Agents
- Instrument Sharpening
- Soft Tissue Management
- Take X-Rays
- Digital X-Rays
- Digital Software: _____

- Sterilize Instruments
- Coronal Polishing
- Intraoral Camera
- Whitening

Dental Software:

Bilingual? Yes No If yes, what language(s)

Have you ever been convicted of a crime? Yes No If yes, please explain conviction(s), nature of offense(s) leading to conviction(s),

Date(s), sentence imposed:

Please Provide Us with Three References.

- 1) _____
- 2) _____
- 3) _____



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Authorization and Declaration

I certify that the information contained in this application is correct to the best of my knowledge.

I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize Dynamic Dental Staffing Solutions (DDSS) to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of Dynamic Dental Staffing Solutions, which rules may be charged, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

I have agreed to work for Dynamic Dental Staffing Solutions and will not allow myself to be directly solicited (offices contacting me directly) for temporary or permanent work by any office or healthcare facility where DDSS has made initial introductions or placement of a temporary assignment or interview for permanent employment. If I am asked to return to an office where DDSS has made the initial introduction and I do accept additional temping days for a permanent position, I understand it is my responsibility to inform DDSS. If I choose not to inform DDSS, I am aware that I am liable to DDSS for the applicable fees incurred (Temping Fees/Perm Placement Fees).

By signing I acknowledge that I do agree to this binding contract.

Signature: _____

Date: _____