



Dental Horizons

Guiding Generations to Healthy Smiles

HYGIENIST EMPLOYMENT APPLICATION

DATE: _____

NAME: _____
LAST FIRST MI

HOME PHONE: _____ CELL PHONE: _____

Email address: _____

CURRENT ADDRESS: _____
STREET

HOW LONG: _____
CITY STATE ZIP

PRIOR ADDRESS: _____
STREET

HOW LONG: _____
CITY STATE ZIP

EMERGENCY CONTACT: _____

AVAILABILITY

What date are you available to start? _____

What category would you prefer? Full time Part time Temporary

What days of the week are you available?

Monday Tuesday Wednesday Thursday Friday

PROFESSIONAL LICENSES AND CERTIFICATIONS

Are you licensed/certified for the job applied for? Yes No

Name of license/certifications:

License/certification number: _____ Issuing State: _____

Has your license/certification ever been revoked or suspended?

Yes No

If yes, state the reason(s), date of revocation or suspension, and date of reinstatement:

REFERENCES

Name	Phone #	Years Known

EDUCATION

Name	City & State	Graduate Y N	Degree Type
High School			
College			
Other			

TRAINING AND EXPERIENCE

Please indicate your level of competency in the following areas.

HYGIENIST COMPETENCIES

	LOW			HIGH	
	1	2	3	4	5
Administer Anesthetic	1	2	3	4	5
Diode Laser Certification	1	2	3	4	5
Digital X-ray processing	1	2	3	4	5
Comprehensive restorative training (Dawson, Panky, Seattle SC, Spear)	1	2	3	4	5
Alginate impression and study model preparation	1	2	3	4	5
Photography with mirrors and DSLR Camera	1	2	3	4	5
Sleep training	1	2	3	4	5
Invisalign training	1	2	3	4	5
CDT Codes	1	2	3	4	5
Nitrous Certification	1	2	3	4	5
Computer Skills	1	2	3	4	5
Typing skills (Approx. speed _____ per minute)	1	2	3	4	5
Softdent	1	2	3	4	5
Excel	1	2	3	4	5
Outlook	1	2	3	4	5

OFFICE CULTURE

At Dental Horizons we believe that our culture is made up of 3 key components; Vision, Core Values and Impact.

Vision: Inspire all to do more, be more and give more

Core Values:

- Integrity
- Gratitude
- Discipline
- Education
- Communication
- Accountability

Impact:

- Best Place to Work
- Patient Centric
- Generous Spirit
- Faith
- Industry Leader
- Healthy Living

Please give a description of how you would actively participate in our culture.

Please give a description of what teamwork means to you?

EMPLOYMENT HISTORY

Most Recent Employer:

Employer: _____ Phone: _____

Address: _____

Position Title: _____ Starting salary _____ Ending Salary _____

Dates: From _____ To _____ Supervisor: _____

Reason for leaving: _____

Are you currently working for this employer? Yes No

If yes, may we contact them? Yes No

Second Most Recent Employer:

Employer: _____ Phone: _____

Address: _____

Position Title: _____ Starting salary _____ Ending Salary _____

Dates: From _____ To _____ Supervisor: _____

Reason for leaving: _____

Third Most Recent Employer:

Employer: _____ Phone: _____

Address: _____

Position Title: _____ Starting salary _____ Ending Salary _____

Dates: From _____ To _____ Supervisor: _____

Reason for leaving: _____

CRIMINAL HISTORY

Have you ever been convicted of a crime?

Yes No

Please explain a yes
answer. _____

Are you currently awaiting trial for any criminal offense?

Yes No

Please explain a yes
answer. _____

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This application form is not an offer of employment. If hired, such employment shall be considered "at will" and this application is not intended to constitute a contract of continued employment. False or misleading statements during the interview or on this form may result in the refusal to hire or termination of employment. Applicants are considered for positions without discrimination on the basis of race, color, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review.

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employer, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE

DATE

Employment Expectation Worksheet

Rank the following 12 descriptive words in order from 1 to 12, with 1 being the most important and 12 being the least important, regarding what you are looking for in an employment opportunity.

- ___ Feedback
- ___ Hours to Fit My Schedule
- ___ Career Advancement / New Skills / Continuing Education
- ___ Friendly Co-workers
- ___ Benefits
- ___ To Be Appreciated
- ___ Performance Objectives
- ___ Opportunity for impacting others
- ___ Compensation structure (guarantee vs. bonus)
- ___ Job Security
- ___ Quality of the product/service we provide
- ___ Location

Picking Pairs

Task: Take a look at the rows of numbers below. In each row, you must circle pairs of adjacent numbers that add up to 10.

For example: in this line: 3 (4) (6) (4) (2) (8) 9 (3) (7) There are four pairs.

- 1 4 7 3 7 3 5 4 6 2 8 5 4 7 5 5 8 1 9
- 3 6 4 4 5 7 3 7 2 8 2 3 7 6 2 8 6 9 1
- 5 3 7 5 2 4 6 7 2 2 8 7 3 8 2 8 7 3 7
- 8 4 6 1 3 7 5 5 7 3 6 2 8 5 8 9 1 6 4
- 9 0 4 6 3 5 5 1 9 4 5 2 8 2 3 1 9 0 2