



EMPLOYMENT APPLICATION

CONTACT INFORMATION

4005 Grand Ave, Ste B, Chino, CA
 15258 Summit Ave, Ste 300, Fontana, CA
 1902 N. Campus Ave, Ste D, Upland, CA
 Tel: (909) 646-9600 | Fax: (909) 646-9878

EQUAL EMPLOYMENT OPPORTUNITY (EEO) AND AT-WILL EMPLOYER

- Type or print this application in black or blue ink. Please attach a resume if available.
- Must provide all relevant information regarding education and work experience.
- All information is subject to verification.
- **Fax completed application to (909) 646-9878**

POSITION

CHECK THE POSITION DESIRED		EMPLOYMENT DESIRED	DATE AVAILABLE
<input type="checkbox"/> Treatment Coordinator	<input type="checkbox"/> Registered Dental Assistant	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	____/____/____
<input type="checkbox"/> Dental Assistant	<input type="checkbox"/> Receptionist		
WORKDAY AVAILABLE. Our office hours are Monday-Friday (9am-6pm) & Saturday (8am-3pm)		WORK HOURS	SALARY DESIRED
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	____ am TO ____ pm	\$_____/hr
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday		

GENERAL INFORMATION

NAME [LAST]	[FIRST]	[MIDDLE]	SOCIAL SECURITY NUMBER	
			—	—
PRESENT ADDRESS [STREET, CITY]			HOME PHONE	CELL PHONE
			()	()
ARE YOU A U.S. CITIZEN OR LAWFULLY LEGAL ALIEN WORKER?		IF UNDER 18, PLEASE LIST YOUR AGE	EMAIL ADDRESS	
<input type="checkbox"/> YES Please specify _____		<input type="checkbox"/> NO		
HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? IF YES, PLEASE EXPLAIN?				
<input type="checkbox"/> YES Please specify _____ <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (list most recent job FIRST)

EMPLOYER [CURRENT OR MOST RECENT]		FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER?
			\$_____/hr	<input type="checkbox"/> YES <input type="checkbox"/> NO
START DATE [MO/YR]	END DATE [MO/YR]	LAST SUPERVISOR NAME	REASON FOR LEAVING	
ADDRESS [STREET, CITY, STATE, ZIP CODE]			TELEPHONE	
			()	
POSITION DESCRIPTION				

EMPLOYER		FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER?
			\$_____/hr	<input type="checkbox"/> YES <input type="checkbox"/> NO
START DATE [MO/YR]	END DATE [MO/YR]	LAST SUPERVISOR NAME	REASON FOR LEAVING	
ADDRESS [STREET, CITY, STATE, ZIP CODE]			TELEPHONE	
			()	
POSITION DESCRIPTION				

Have you ever been dismissed, suspended or asked to resign from any position? YES NO
 If YES, please describe the reasons. _____
 Do you have any outside business or employment activities which you would like to continue if you are employed at Summit Orthodontics?

UNEMPLOYMENT RECORD (account for all intervals of unemployment during the past 5 years)

From: _____ To: _____ Specify: _____
 From: _____ To: _____ Specify: _____

EDUCATION**HIGH SCHOOL**

NAME OF HIGH SCHOOL	LOCATION [CITY/STATE]	DATES OF ATTENDANCE _____ To _____	GRADE COMPLETED 9 10 11 12	RECEIVED DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COLLEGE OR UNIVERSITY

NAME OF COLLEGE OR UNIVERSITY	LOCATION [CITY/STATE]	STARTING DATE	ENDING DATE	COURSE OF STUDY	COMPLETED?	DEGREE

LICENSURE, REGISTRATION, CERTIFICATION EXAMPLES: RDA/DA, X-ray, CPR, Computer Certification, etc.

LICENSE, REGISTRATION OR CERTIFICATION	NUMBER	RECEIVED DATE	EXPIRATION	STATE LICENSING AGENCY

SKILLS**LANGUAGE ABILITY YOU COULD USE IN YOUR WORK**

ENGLISH <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	SPANISH <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	OTHER _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
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DENTAL AND OFFICE-RELATED SKILLS

Dental/Orthodontic Terminology	<input type="checkbox"/> YES <input type="checkbox"/> NO	Strong Computer Skills	<input type="checkbox"/> YES <input type="checkbox"/> NO
Financial Functions/ Account Collections	<input type="checkbox"/> YES <input type="checkbox"/> NO	Experience with Dental Software	<input type="checkbox"/> YES <input type="checkbox"/> NO
Insurance Claim Processing	<input type="checkbox"/> YES <input type="checkbox"/> NO	Computerized Scheduling	<input type="checkbox"/> YES <input type="checkbox"/> NO

WORK REFERENCES [LIST TWO PERSONS, OTHER THAN RELATIVES, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE]

NAME	TITLE	COMPANY NAME	PHONE NUMBER

OTHERS [Use the space below to summarize any additional information necessary to describe your background and qualifications.]

CERTIFICATION [APPLICATION MUST BE SIGNED PRIOR TO SUBMITTING]

I certify that such statements are true, and understand that misrepresentation or omission of facts called for in this form, or on my resume provided by me, is cause for termination of employment without notice. I hereby authorize investigation of all statements contained in this application and on my resume, if provided. This consent shall continue to be effective during my employment at Summit Orthodontics if I am hired.

If employed, I agree that any dispute arising from my employment at Summit Orthodontics shall be settled by arbitration to be held in San Bernardino County, California, in accordance of The American Arbitration Association. The decision of the Arbitrator shall be final and binding. Each party shall separately pay its counsel expenses.

In consideration of my employment, I fully understand that Summit Orthodontics is an at-will employer, which means Summit Orthodontics and its employees are free to terminate their employment relationship at any time, with or without cause and with or without notice, and that their employment is for no specified period of time.

Signature _____

Date _____