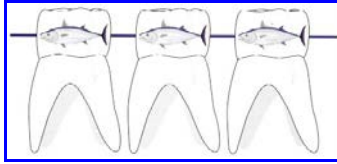


M. Scott Runnels, DMD, PA



Orthodontics and Dentofacial Orthopedics

APPLICATION FOR EMPLOYMENT

Date: _____ For which position are you applying? _____

Name: _____

Telephone: Home () _____ Social Security No. _____

Business () _____ or Cellular Phone () _____

Address: _____

Street City Zip

Can you legally work in the United States? Yes No

Have you ever been convicted of a felony? Yes No

Experience and Skills

Have you had any experience with the following:

	Yes	No		Yes	No
Typing			Four Handed Assisting		
Computerized Bookkeeping			Dental Terminology		
Account Collections			Take and Develop X-Rays		
Treatment Presentation			Pour and Trim Models		
Fee Presentation			Tray Set-Up		
Insurance Processing			QuickBooks Software		
Charting			Program software- Excel & Word		
Dictation			Answering Multiple Lines		
CPR Training			Orthodontic Experience		
Six Handed Assisting			Other:		

Education

Last High School attended: _____ Location: _____ Last Grade Completed: _____

College, Trade School or Special Training

Name of School	Location	Degrees/Certificate
1.		
2.		
3.		

Check time willing to work:

Days Evenings No of days per week _____

Full-time Part-time Hrs per week _____

Do you need to give notice to current employer?

Yes No If yes, length of notice: _____

Salary Requirements: _____

Do you smoke? Yes No

Circle days of the week you are willing to work:

Mon Tues Wed Thurs Fri Sat Sun

Do you have any benefit needs? Yes No

If special needs, please explain: _____

Previous Employment

List present, or most recent, position first. May we contact your present/past employer? Yes No

1.

Name of employer	Your last name while employed	
Address	Telephone Number ()	
Position		
Description of your job duties:		
Dates of employment		
Date Hired	Date of separation	Length of employment ____Yrs ____Months
Earnings		
Salary when hired \$_____	Salary at separation \$_____	
Supervisor's name	Title	Telephone Number ()
Reason for Leaving		

2.

Name of employer	Your last name while employed	
Address	Telephone Number ()	
Position		
Description of your job duties:		
Dates of employment		
Date Hired	Date of separation	Length of employment ____Yrs ____Months
Earnings		
Salary when hired \$_____	Salary at separation \$_____	
Supervisor's name	Title	Telephone Number ()
Reason for Leaving		