



EMPLOYMENT APPLICATION

EQUAL EMPLOYMENT OPPORTUNITY (EEO) & AT-WILL EMPLOYER

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

POSITION

CHECK THE POSITION DESIRED	<input type="checkbox"/> TREATMENT COORDINATOR	<input type="checkbox"/> STERILIZATION ASSISTANT	<input type="checkbox"/> INSURANCE COORDINATOR	DATE AVAILABLE
	<input type="checkbox"/> ORTHODONTIC ASSISTANT	<input type="checkbox"/> RECEPTIONIST	<input type="checkbox"/> ANY POSITION (BEST FIT)	____ / ____ / ____
WORKDAY AVAILABLE (Our office hours range from 8:00am to 5:30pm Mon-Fri and some Saturdays 8:00am-1:30pm. Schedule varies weekly)				DESIRED SALARY
<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY
WORK HOURS NEEDED _____				\$ ____ / HOUR

GENERAL INFORMATION

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER
			____ - ____ - ____
PRESENT ADDRESS (STREET, CITY)		HOME PHONE	CELL PHONE
ARE YOU A U.S. CITIZEN	AGE IF UNDER 18	EMAIL ADDRESS	
<input type="checkbox"/> YES <input type="checkbox"/> NO (PLEASE EXPLAIN) _____			
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS?			
<input type="checkbox"/> YES (PLEASE SPECIFY) _____ <input type="checkbox"/> NO			

EMPLOYMENT HISTORY (List most recent job FIRST)

EMPLOYER	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER
		\$ ____ / HOUR	<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)			PHONE NUMBER
POSITION DESCRIPTION			
EMPLOYER	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER
		\$ ____ / HOUR	<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)			PHONE NUMBER
HAVE YOU EVER BEEN DISMISSED, SUSPENDED, OR ASKED TO RESIGN FROM ANY POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, DESCRIBE THE REASONS _____			
ARE THERE ANY OUTSIDE BUSINESS/EMPLOYMENT ACTIVITIES WHICH YOU WOULD LIKE TO CONTINUE IF YOU ARE EMPLOYED AT PETROUS ORTHODONTICS?			

EDUCATION					
HIGH SCHOOL					
NAME OF HIGH SCHOOL	LOCATION (CITY, STATE)	DATES OF ATTENDANCE	GRADE COMPLETED	RECEIVED DIPLOMA?	
		_____ TO _____	9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE OR UNIVERSITY					
NAME OF COLLEGE OR UNIVERSITY	LOCATION (CITY, STATE)	START DATE	END DATE	COURSE OF STUDY	COMPLETED? DEGREE
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
LICENSURE, REGISTRATION, CERTIFICATION <i>EXAMPLES: RDA/DA, X-RAY, CPR, COMPUTER CERTIFICATION, ETC</i>					
LICENSE, REGISTRATION/CERT	NUMBER	DATE RECEIVED	EXPIRATION	STATE LICENSING AGENCY	

SKILLS			
LANGUAGE ABILITY YOU COULD USE IN YOUR WORK			
ENGLISH	SPANISH	OTHER	
<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	_____ <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	
DENTAL 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 2 PERSONS, OTHER THAN RELATIVES, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE)			
NAME	TITLE	COMPANY NAME	PHONE NUMBER

OTHER (USE THE SPACE BELOW TO SUMMARIZE ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR BACKGROUND AND QUALIFICATIONS)

CERTIFICATION (APPLICATION MUST BE SIGNED PRIOR TO SUBMISSION)
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 Petrous Orthodontics if I am hired.
If employed, I agree that any dispute arising for my employment at Petrous Orthodontics shall be settled by arbitration to be held in Oakland County, Michigan, 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 Petrous Orthodontics is an at-will employer, which means that Petrous Orthodontics and its employees are free to terminate their employment relationship and any time, with or without cause and with or without notice, and that their employment is for no specified period of time.

SIGNATURE _____	DATE _____
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