

DENTAL TEMPORARIES
P.O. Box 474, Whitman, MA 02382
781-447-1818/800-441-1014/FAX 781-447-4610

EMPLOYMENT APPLICATION

PLEASE ENCLOSE A COPY OF THE FOLLOWING: Driver's License, DH License, Radiology Certification, SS Card, CDA Number, OSHA Certification, Hepatitis Vaccine Record, Malpractice Insurance

DENTAL HYGIENIST _____ License Number _____
DENTAL ASSISTANT _____ C.D.A. _____

NAME _____ SS# _____
ADDRESS _____ TELEPHONE _____
CITY/STATE/ZIP _____ CELL _____
EDUCATION
HIGH SCHOOL _____ YEAR GRADUATED _____
COLLEGE _____ YEAR GRADUATED _____
OTHER _____ YEAR GRADUATED _____

PRESENT/FORMER EMPLOYERS DATES MAY WE CONTACT? Y / N

DAYS/HOURS AVAILABLE TO WORK _____

SPECIALTIES (ORTHO, ORAL SURGERY, PERIO, ETC.) _____

Do you have any physical limitation or consideration that would interfere with you duties in the position as a Dental Hygienist or Dental Assistant? If so, please explain.

I certify that the above information is true and correct. I authorize investigation of all data provided. I understand any false information on this application will be sufficient cause for dismissal from Dental Temporaries.

I certify that I am legally authorized to work in the United States and I will provide documentation supporting such eligibility. YES _____ No _____

I have had the hepatitis B vaccine. Yes _____ No _____

I did not have the vaccine and understand that I am at risk of acquiring hepatitis B. Yes _____ No _____

I have been tested and have hepatitis B antibodies, and therefore, no vaccine is necessary. _____

I have enclosed a copy of my OSHA certification. Yes _____ No _____

SIGN _____ DATE _____