Summit Orthodontics

EMPLOYMENT APPLICATION

CONTACT INFORMATION
15258 Summit Ave, Ste 300, Fontana, 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.
- **Fax completed application to (909) 646-9878 or Email summitorthodontics@gmail.com**

POSITION

CHECK THE POSITION DESIRED	EMPLOYMENT DESIRED	DATE AVAILABLE
☐ Treatment Coordinator ☐ Registered Dental Assistant ☐ Dental Assistant ☐ Receptionist	☐ Full-Time ☐ Part-Time	____/____/_____
WORKDAY AVAILABLE. Our office hours are Monday-Friday (9am-6pm) ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday	WORK HOURS _____am TO _____pm	SALARY DESIRED $_____/hr

GENERAL INFORMATION

NAME [LAST] [FIRST] [MIDDLE]		
PRESENT ADDRESS [STREET, **CITY**]	HOME PHONE ( )	CELL PHONE ( )
ARE YOU A U.S. CITIZEN OR LAWFULLY LEGAL ALIEN WORKER? ☐ YES Please specify_____ ☐ NO	IF UNDER 18, PLEASE LIST YOUR AGE	EMAIL ADDRESS

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? IF YES, PLEASE EXPLAIN?

☐ YES Please specify_____ ☐ NO

EMPLOYMENT HISTORY *(list most recent job FIRST)*

EMPLOYER [CURRENT OR MOST RECENT]	FINAL POSITION TITLE		MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ 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		MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ 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	GRADE COMPLETED	RECEIVED DIPLOMA?
		_____ To _____	9 10 11 12	☐ YES ☐ NO

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	SPANISH	OTHER _____
☐ Speak ☐ Read ☐ Write	☐ Speak ☐ Read ☐ Write	☐ Speak ☐ Read ☐ Write

DENTAL AND OFFICE-RELATED SKILLS

Dental/Orthodontic Terminology	☐ YES ☐ NO	Strong Computer Skills	☐ YES ☐ NO
Financial Functions/ Account Collections	☐ YES ☐ NO	Experience with Dental Software	☐ YES ☐ NO
Insurance Claim Processing	☐ YES ☐ NO	Computerized Scheduling	☐ YES ☐ 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** _____