Wright Naeger DENTISTRY

EMPLOYMENT APPLICATION

1461 Greens Prairie Road • College Station, Texas 77845
P: 979-776-4843
wrightnaegerdentistry.com

Wright Naeger Dentistry is an equal opportunity employer, and does not discriminate in its employment practices on the basis of race, color, religion, sex, national origin, sexual orientation, age, disability, or any other occupationally irrelevant criteria protected by law.

PERSONAL INFORMATION

Name: _____ Preferred Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone: _____ Email: _____

APPLICATION INFORMATION

Position of Interest: _____ Desired Hourly/Salary Range: _____

Date available to begin work: _____ Interested in: ◯ Full-time ◯ Part-time

Available to work (check all that apply): ◯ Monday ◯ Tuesday ◯ Wednesday ◯ Thursday ◯ Friday

Are you currently employed? ◯ YES ◯ NO

May we contact your present employer? ◯ YES ◯ NO If no, please explain: _____

EDUCATION INFORMATION

High School: _____ Highest Grade Completed: 9 10 11 12

College/Trade School: _____ Years Attended: _____ Graduate? ◯ YES ◯ NO

Degree/Major: _____ Diploma/Degree: _____

DENTAL CERTIFICATIONS AND LICENSES

	RDA	RDH	X-Ray	Nitrous Monitoring	Coronal Polishing	Sealants	CPR/BLS	OSHA/HIPAA	Other
License/Cert. #									
Date Earned									
State Issued									
Current Through									

Please list any additional professional licenses/certificates and dates received: _____

QUALIFICATIONS

QUALIFICATIONS / SKILLS	Can You Perform?		What Is Your Skill Level?		
Computer proficiency	YES	NO	FAIR	GOOD	EXCELLENT
Microsoft Word	YES	NO	FAIR	GOOD	EXCELLENT
Microsoft Excel	YES	NO	FAIR	GOOD	EXCELLENT
Typing	YES	NO	FAIR	GOOD	EXCELLENT
Bookkeeping	YES	NO	FAIR	GOOD	EXCELLENT
Answering phones	YES	NO	FAIR	GOOD	EXCELLENT
Appointment scheduling	YES	NO	FAIR	GOOD	EXCELLENT
Account collections	YES	NO	FAIR	GOOD	EXCELLENT
Treatment presentation	YES	NO	FAIR	GOOD	EXCELLENT
Financial arrangements	YES	NO	FAIR	GOOD	EXCELLENT
Insurance verification	YES	NO	FAIR	GOOD	EXCELLENT
Insurance processing/claims	YES	NO	FAIR	GOOD	EXCELLENT
Dental terminology	YES	NO	FAIR	GOOD	EXCELLENT
Dental software	YES	NO	FAIR	GOOD	EXCELLENT
Digital X-ray software	YES	NO	FAIR	GOOD	EXCELLENT
Dental charting	YES	NO	FAIR	GOOD	EXCELLENT
CPR/BLS	YES	NO	FAIR	GOOD	EXCELLENT
OSHA & safety regulations	YES	NO	FAIR	GOOD	EXCELLENT

Dental software used: _____

Digital X-ray software used: _____ Other relevant software: _____

Please note any training, skills, volunteer service, leadership experience, or other activities you feel would be helpful in evaluating your application:

_____

_____

_____

EMPLOYMENT WITH OUR OFFICE

Why do you want to work at Wright Naeger Dentistry?

_____

_____

What tasks or responsibilities do you most enjoy?

_____

_____

What tasks or responsibilities do you prefer not to do, if given the choice?

_____

What does exceptional patient service look like to you?

_____

_____

What is your expected length of employment with our office?

_____

Please list any questions you have about Wright Naeger Dentistry:

_____

_____

EMPLOYMENT HISTORY

List your present or most recent employer first. Please account for employment, military service, self-employment, and significant gaps in employment.

PRESENT / MOST RECENT

Employer: _____ Dates Employed: From _____ To _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor Name & Title: _____ Phone: _____

Your Job Title: _____ Starting Pay: _____ Ending Pay: _____

Primary Duties: _____

Reason for Leaving: _____

May we contact this employer/supervisor? ◯ YES ◯ NO If no, please explain: _____

PREVIOUS

Employer: _____ Dates Employed: From _____ To _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor Name & Title: _____ Phone: _____

Your Job Title: _____ Starting Pay: _____ Ending Pay: _____

Primary Duties: _____

Reason for Leaving: _____

May we contact this employer/supervisor? ◯ YES ◯ NO If no, please explain: _____

PREVIOUS

Employer: _____ Dates Employed: From _____ To _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor Name & Title: _____ Phone: _____

Your Job Title: _____ Starting Pay: _____ Ending Pay: _____

Primary Duties: _____

Reason for Leaving: _____

May we contact this employer/supervisor? ◯ YES ◯ NO If no, please explain: _____

REFERENCES

List three professional references who are not relatives.

Name	Phone / Email	Relationship	Years Known

GENERAL AGREEMENTS AND AUTHORIZATIONS

Wright Naeger Dentistry generally provides patient care Monday through Thursday, 8:00 a.m. to 4:30 p.m., with select Fridays. Depending on position and business needs, team members may occasionally be asked to arrive earlier, remain later, attend meetings, or work on a select Friday.

I understand that any offer of employment may be conditioned on satisfactory references and on my ability, after hire, to complete required employment eligibility verification. I agree to follow the policies, procedures, and standards of Wright Naeger Dentistry, as amended from time to time.

I certify that the information in this application is true and complete to the best of my knowledge. I authorize Wright Naeger Dentistry to contact the employers, schools, and professional references I have listed, except where I have indicated otherwise. I understand that material misrepresentations or omissions may result in withdrawal of an offer or termination of employment.

If Wright Naeger Dentistry elects to obtain a consumer report or background check from a third-party reporting company, any disclosure and authorization required by applicable law will be provided separately from this application.

EMPLOYMENT AT WILL

I understand that, if hired, my employment with Wright Naeger Dentistry will be at will. This means that either I or Wright Naeger Dentistry may end the employment relationship at any time, with or without cause or advance notice, subject to applicable law.

I understand that no oral statement or representation can change the at-will nature of employment. Any agreement altering at-will employment must be in writing and signed by an authorized owner of Wright Naeger Dentistry. This application is not a contract or guarantee of employment.

ACKNOWLEDGMENT

• My signature below confirms that I have read and understand the statements in this application and that the information I have provided is accurate and complete to the best of my knowledge.

• I understand that completion of this application does not obligate Wright Naeger Dentistry to offer me employment.

Applicant's Name (please print): _____

Applicant's Signature: _____

Date: _____