



Application Date: ____/____/____ Date Available to start work: ____/____/____

Temporary and Permanent Dental Personnel

EMPLOYMENT APPLICATION

❖ Please email completed form to support@americandentalstaffing.com along with your resume or fax the documents to 901.432.5232

Name (Last) _____ (First) _____ (Middle) _____

State: _____ County: _____

Mobile Phone (_____) _____ - _____ OtherPhone (_____) _____ - _____

Email (PRINT): _____

Position Applying for _____ License/Registration # _____ State _____

Total experience for the position you are seeking: Years ____ Months ____ Year Last worked Dental: _____

Other Position Applying for _____ License # _____ State _____

Qualifications:	<input type="radio"/> CDA <input type="radio"/> RDA	<input type="radio"/> Dental Radiology
<input type="radio"/> Coronal Polishing	<input type="radio"/> Sealant Certification	<input type="radio"/> Administration of Local Anesthesia
<input type="radio"/> NO2 Monitoring	<input type="radio"/> NO2 Administration	<input type="radio"/> CPR, Date of Certification: _____

Experience:	<input type="radio"/> Blank = No Experience	write # of yrs. of experience in the circle	Example ①
<input type="radio"/> Orthodontics	<input type="radio"/> Endodontics	<input type="radio"/> General Practice	<input type="radio"/> Periodontal
<input type="radio"/> Pediatrics	<input type="radio"/> Prosthodontics	<input type="radio"/> Oral Maxillofacial	<input type="radio"/> Special Needs

Skills – Chair Side:	<input type="radio"/> Charting	<input type="radio"/> Take X-rays	<input type="radio"/> Cement Temp Crowns
<input type="radio"/> Fabricate Temp Crowns	<input type="radio"/> CPR	<input type="radio"/> Develop X-Rays	<input type="radio"/> Four Handed Assisting
<input type="radio"/> Pour & Trim Model Casts	<input type="radio"/> Take X-rays	<input type="radio"/> Digital X-rays	<input type="radio"/> Dental Terminology
<input type="radio"/> Plaque Control Instruction	<input type="radio"/> Develop X-Rays	<input type="radio"/> Mount X-Rays	<input type="radio"/> Expanded Ortho Skills
<input type="radio"/> Sterilization Procedures	<input type="radio"/> Tray Set-Up	<input type="radio"/> Infection Control	<input type="radio"/> Expanded Perio Skills
<input type="radio"/> Oral Hygiene Instruction	<input type="radio"/> Impressions	<input type="radio"/> Full Arch Alginate	<input type="radio"/> Treatment Presentation

Skills – Front Office:	<input type="radio"/> Billing	<input type="radio"/> Dictation Equipment	<input type="radio"/> Credit Card Processing
<input type="radio"/> Appointment Scheduling	<input type="radio"/> Filing	<input type="radio"/> Insurance Verification	<input type="radio"/> Phone / Customer Service
<input type="radio"/> Computer Bookkeeping	<input type="radio"/> Dental Software	<input type="radio"/> Insurance Processing	<input type="radio"/> Account Collections

Software and other computer and digital system(s) experience (if applicable). Please elaborate:

EagleSoft Dentrix Improvis Practice Works Other: _____

Placement Seeking: Perm Temp Both Days Available (Circle): M T W TH F Sat Sun

Counties you agree to work in: _____

Do you have reliable transportation? Yes No

Are you either a U.S. citizen or legally eligible to hold employment in the United States? No Yes

Have you passed a recent background check? No Yes If yes, when? _____

American Dental Staffing issues random DRUG SCREENS. We also perform state and federal background checks on a case by case basis. **I agree to state and federal background checks and I also agree to comply with orders for random drug screens.**

Signature: _____ Date: _____

Job History: List all present/former full/part-time employment for the last ten (10) years. Include any periods of unemployment or self-employment. Do not go further back than high school. Attach second page if necessary.

Company _____	Your Position: _____
Street Address _____	Your Pay Rate: _____
City _____ State _____ Zip _____ D	Dates Employed: _____ to _____

e-mail address: _____ Ph (____) _____ - _____

Supervisor: _____ Title: _____ Okay to contact? _____

Reason for leaving? _____

Company _____	Your Position: _____
Street Address _____	Your Pay Rate: _____
City _____ State _____ Zip _____ D	Dates Employed: _____ to _____

e-mail address: _____ Ph (____) _____ - _____

Supervisor: _____ Title: _____ Okay to contact? _____

Reason for leaving? _____

Company _____	Your Position: _____
Street Address _____	Your Pay Rate: _____
City _____ State _____ Zip _____ D	Dates Employed: _____ to _____

e-mail address: _____ Ph (____) _____ - _____

Supervisor: _____ Title: _____ Okay to contact? _____

Reason for leaving? _____

Have you worked for us before? Yes, When & why did you leave? _____

No, How did you hear about us?: _____

List some dental offices you worked in through Den Temp Staffing aka. American Dental Staffing

1. _____ 3. _____

2. _____ 4. _____

Dental Offices you DO NOT want to work in, and why:

1. _____

2. _____

PLEASE PRINT in your best handwriting: Personal References

Name: _____ **Phone:** _____

Email: _____

Name: _____ **Phone:** _____

Email: _____

Name: _____ **Phone:** _____

Email: _____

Relationship to you (circle): Friend Relative Boss Co-Worker Instructor Other _____
Relationship to you (circle): Friend Relative Boss Co-Worker Instructor Other _____
Relationship to you (circle): Friend Relative Boss Co-Worker Instructor Other _____

Education/Training:

School _____

City _____ **State** _____ **Degree** _____

School _____

City _____ **State** _____ **Degree** _____

American Dental Staffing provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, American Dental Staffing complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

American Dental Staffing expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of American Dental Staffings's employees to perform their job duties may result in discipline up to and including discharge.



EMPLOYEE AGREEMENT (American Dental Staffing, hereinafter referred to as ADS)

I agree to conduct myself in a professional manner at all times.

I agree to be bound by and comply with all of ADS's policies and procedures.

I agree to maintain a professional level of confidentiality with ADS's privileged information.

I will be responsible for maintaining all licenses and registrations required by applicable regulatory agencies and state laws in order for me to render the services specified and required by ADS and clients of ADS. I further understand and agree that ADS does not agree to use my services except at ADS's sole discretion and that ADS will engage others to provide the same or similar services to ADS's clients. Lapse in license is immediate termination.

ADS's client shall maintain the general right of supervision to ensure satisfactory completion of all work activities. Insubordination or disobedience with an ADS client and/or ADS supervisor will not be tolerated and could result in my termination.

I agree that work shall be performed in full compliance with any and all applicable laws, rules and regulations, including Infection Control Service requirements adopted or promulgated by any government agency or regulatory body, both state and federal.

In addition, I agree to comply with any additional procedures adopted by ADS or ADS's clients, for whom I render services. I agree to indemnify, defend, and hold ADS harmless against any and all claims, losses, damages, liabilities, and expenses (including reasonable attorney's fees) arising out of or as a result of my performance, or failure of performance or any fraud or misrepresentation made in the performance of my duties hereunder or any breach of this agreement on my part.

All fees and compensation received or realized from clients of ADS as a result of rendition of services by me to client shall belong to and be paid and delivered directly to ADS. I will not accept any attempt by any ADS client to disburse such fees to me.

My employment may be terminated by mutual agreement of the parties by written notice by one party to the other; provided, however, the restrictive covenants set forth herein shall survive termination of my employment.

Any time during or for a period of two (2) years after termination of employment, I will not, directly or indirectly, own, manage, operate, or be connected in any manner with the ownership, management, operation, or control of any business which engages in activities similar to the activities conducted by ADS.

I acknowledge that I will have knowledge of client lists, programs, advertising, marketing data, information and research concerning or related to the business of ADS (hereinafter collectively referred to as the "Information") and that such Information is a confidential, valuable, special, unique and proprietary asset of ADS. I will not make use of any information, or trade secrets of ADS or any part of the business, affairs, employees, policies, methods, products, ideas, inventions, designs, processing know-how, data information, customers, clients, vendors, subsidiaries, affiliates or associates of ADS. This confidentiality and nondisclosure agreement shall be continuing and shall survive the termination of my employment.

(continued on the next page)



I agree that a breach of the terms, provisions or conditions of these restrictive covenants will result in irreparable injury and damage to ADS, the amount of which will be extremely difficult to ascertain, and that ADS will have no adequate remedy at law. For those reasons, ADS shall have the right, and may obtain such preliminary, temporary, or permanent mandatory or restraining injunction, orders or decrees as may be necessary to protect ADS against, or on account of, any breach by me of these provisions and I hereby agree that ADS does not have an adequate remedy at law. Such right to an injunction is in addition to all other legal remedies ADS may have to protect its rights. In becoming an ADS employee on a part time or full time status, you are under ADS company policies and must abide by our guidelines. If you do anything to cause yourself to be in Breach of your Contract with us and we have to retain an attorney, you will be assessed court costs and legal fees, and possibly lost company profits. As an ADS employee you have the flexibility to accept or decline any assignments you are offered but we cannot guarantee assignments and won't continue to call you for work if you continue to decline assignments. We need to know up front what days you want to work on a weekly basis. Also, we do not cover unemployment benefits for employees that sign up to work and then decline multiple assignments, do not return phone calls for assignments, or do not perform well on assignments and must be removed.

I further agree that I will not accept employment from a client of ADS with whom I have been previously assigned to or previously been offered an assignment for or introduced to in any manner by ADS, whether on a temporary or permanent basis anytime during my employment with ADS or within twelve (12) months from the date of the termination of my employment. In the event I accept employment from a client of ADS within twelve (12) months from the date of my termination from ADS, I agree to pay ADS as liquidated damages, a sum of money equal to the net amount ADS would have received if I had remained working for said client 520 total hours.

I certify that the answers I have given in this application are true and accurate to the best of my knowledge and I understand that any false or misleading answers or any omissions or concealment of facts will disqualify me from consideration for employment or will be grounds for my immediate discharge. I understand that any offer of employment is conditioned upon the satisfactory completion of the certification process as required by the Immigration Reform and Control Act of 1986 and proper credentialing and is ADS policy.

Notice: This application is confidential and is for the exclusive use of ADS and its employees. Any other use is strictly prohibited.

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____

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support@AmericanDentalStaffing.com; www.AmericanDentalStaffing.com