



EMPLOYEE PROFILE UPDATE FORM

Please email the completed form & a current photo to support@americandentalstaffing.com Date: \_\_\_/\_\_\_/\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Alt Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

(You must have voice mail & return phone calls, texts, or e-mails promptly) # of years with our company: \_\_\_\_\_

Email (PRINT): \_\_\_\_\_

License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Licensed in another state? Other License # \_\_\_\_\_ Other State \_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Days & Times Available to work: M \_\_\_ to \_\_\_; T \_\_\_ to \_\_\_; W \_\_\_ to \_\_\_; TH \_\_\_ to \_\_\_; F \_\_\_ to \_\_\_; Sa \_\_\_ to \_\_\_

Qualifications:  CDA  RDA  Coronal Polishing  Dental Radiology  Sealant Certification  NO2 Monitoring  NO2 Administration  Administration of Local Anesthesia  CPR, Date of Certification: \_\_\_/\_\_\_/\_\_\_

Software, digital systems, and other experience:  Eagle Soft  Dentrux  Easy Dental  Traditional X-rays  Digital X-rays  Panorex  Impressions  Mouth Guards  Temp Crowns  Other: \_\_\_\_\_

Skills – Chair Side:  Charting  Cement Temp Crowns  Fabricate Temp Crowns  CPR  Develop X-Rays  Four Handed Assisting  Pour & Trim Model Casts  Take X-rays  Digital X-rays  Plaque Control Instruction  Develop X-Rays  Mount X-Rays  Expanded Ortho Skills  Sterilization Procedures  Tray Set-Up  Infection Control  Expanded Perio Skills  Impressions  Full Arch Alginate  Treatment Presentation

Skills – Front Office:  Billing  Credit Card Processing  Appointment Scheduling  Filing  Insurance Verification  Phone / Customer Service  Computer Bookkeeping  Insurance Processing  Account Collections

Types of offices you have worked in:  General Dentistry  Endodontics  Oral Surgery  Orthodontics  Periodontal  Prosthodontics  Pediatric  Special Needs

If there is any additional information you think we should know, please include it her or on a separate sheet.

Emergency Contact: \_\_\_\_\_ Ph. \_\_\_\_\_

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