

919 State Ave. #104 Marysville, WA 98720 (360) 659-8100

## 14090 Fryelands Blvd. SE, Ste. 348 Monroe, WA 98272 (360) 863-8700

9421 N. Davies Road, Ste. A Lake Stevens, WA 98258 (425) 367-4149 7104 265<sup>th</sup> St. NW #110 Stanwood, WA 98292 (360) 339-8000

Date:
Last Name: First Name:
Address:
Main Phone: Other Phone:
Email address:
Position Applying For:
Are you applying for: ☐ Regular full time work ☐ Part time work
Education, Training and Experience:
High School Name: Graduated:
College/Tech School Name and Address: Graduated:
Are you licensed/certified for the job applied for? □Yes □No
Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for
work with us? □Yes □No
If so, please explain:
What experience do you have with children, be specific?

bout You:	
ell me about yourself:	
/hat three words would you use to describe yourself:	
Vhat are your strengths?	
Veaknesses?	
Vhy would you like to work in pediatric dentistry?	
Iere at Puget Sound Pediatric Dentistry we pride ourselves in being VERY team oriented. Do you co team player?	
Iany of our patients do not speak English. Do you speak, write or understand any foreign language: Tyes, which languages(s)?	s!⊔Yes □No
lave you ever been convicted of a criminal offense (felony or serious misdemeanor)?   Yes   No  Yes, state nature of the crime(s), when and where convicted, and disposition of the case.	
yes, state nature of the eriniciss, when and where convicted, and disposition of the case.	

## **Employment History**

List below all present and past employment starting with your most recent employer.

Name of Employer		Telephone #	
Type of Business:			
Employment Dates:	to	Hourly Rate:	
Reason For Leaving:			
Name of Employer		Telephone #	
Type of Business:			
Employment Dates:	to	Hourly Rate:	
Reason For Leaving:			
Name of Employer		Telephone #	
Type of Business:			
Employment Dates:	to	Hourly Rate:	
Reason For Leaving:			
Name of Employer		Telephone #	<del></del>
Type of Business:			
Employment Dates:	to	Hourly Rate:	
Reason For Leaving:			
Name of Employer		Telephone #	
Type of Business:			
Employment Dates:	to	Hourly Rate:	
Reason For Leaving:			
	Refere	nces	
List below three persons not re	lated to you who have knowl	edge of your work performan	nce within the last 3 years
One of which is a previous man	ager or boss.		•
Name	Telephone	Occupation	#yrs acquainted
Name	Telephone	Occupation	#yrs acquainted
Name	Telephone	Occupation	#yrs acquainted

Date:	Working Interview Scheduled:
Applicants Name:	Phone:
What days and hours are you available for work? _	
If hired, on what date can you start work?	
If hired, what is your desired wage?	
Willing to travel to all four offices?	
If hired, do you have reliable means of transportat	cion to and from work?
Questions:	
Do you work well with others?	
Are you a good multitasker?	
What defines multitasking in your book?	
How do you handle stress & working under pressu	ure?
Do you consider yourself a self-motivator?	
Do you feel like you have good time management s	skills?
How long to you expect to remain with our compa	ny?

What are your plans for the next five years? More education in your future?				
Date:	Working Interview Scheduled:			
Applicants Name:	Phone:			
Experience in:				
CPR / First Aid Certification: □Yes □No				
HIV/AIDS training course: □Yes □No				
Dentrix: □Yes □No				
Paperless Practice: □Yes □No				
Charting in Dentrix: □Yes □No				
Sterilization: □Yes □No				
X-Rays: □Yes □No - Pano: □Yes □No				
Digital X-Rays: □Yes □No				
Hygiene: □Yes □No - How much time were you allowed for apts?				
Sealants: □Yes □No Restorative: □Yes □	lNo			
Front Office:				
Typing: □Yes □No Words Per Min:				
Answering Multi Phone line: □Yes □No				
Microsoft Office: □Yes □No				

Do you have any vacations planned: □Yes □No When:	=
Is there anything you would like to know about our company?	_