



Personal Information

Name _____ MI _____ Last _____

Address _____

City _____ State _____ Zip Code _____

Preferred contact phone number _____ Additional phone number _____

Email Address _____

Social Security Number or Government ID _____

Driver's License _____ Expires (YYYY) _____

US Citizen? Y N

Have you been arrested? Y N Convicted of a Crime? Y N

If YES, Please explain, date and details: _____

Answering Yes to above questions does not necessarily disqualify you from staffing opportunities.

Bilingual: Y N if yes, what language(s) _____

Dental Experience Information

Dental position applying for: DA CDA Front Office RDH

If a Hygienist or CDA, Idaho License Number _____

Vaccinations: Hep B TB

Availability: Full time Part time Temp Only Temp to Perm Perm only

Days Available:

Mon _____ to _____ Tues _____ to _____

Wed _____ to _____ Thur _____ to _____

Fri _____ to _____ Sat _____ to _____

Any experience in the specialty field(s) How many years?

_____ Oral Surgery _____ Pedo _____ Ortho _____ Perio

_____ Endo _____ Prostho _____ Dental Lab _____ General Dentistry

Your Skills:

Computer software used:

Easy Dental Soft Dent EagleSoft Dentrix 11.0 Dentrix G2

Dentrix G3 Dentrix G4 Dentrix Ascend Open Dental

Other _____

Xrays: Digital Traditional

ScanX Dexis Kodak Panoramic Ceph

Shick GenDex Nomad

Panoramic Ceph Tigerview

3D Cone Beam Other _____

DA/ CDA Clinical

Check what you are confident doing:

- | | |
|--|--|
| <input type="checkbox"/> Charting | <input type="checkbox"/> Cerec Trained/CAD-CAM |
| <input type="checkbox"/> Take, Develop, Mount xrays | <input type="checkbox"/> Invisalign Implants |
| <input type="checkbox"/> Hyg. Assisting – Perio charting | <input type="checkbox"/> IV Sedation |
| <input type="checkbox"/> Pour/ Trim Models | <input type="checkbox"/> Oral Sedation |
| <input type="checkbox"/> Temporary Crowns/Pack Cord | <input type="checkbox"/> Laser |
| <input type="checkbox"/> Impressions | <input type="checkbox"/> Sterilization |
| <input type="checkbox"/> In Office Whitening | <input type="checkbox"/> Full Mouth Xrays |
| <input type="checkbox"/> Bleaching Trays, make and give instructions | <input type="checkbox"/> Bite Wings |

Additional Skills:

RDH Clinical

Check what you are confident doing:

- | | |
|--|---|
| <input type="checkbox"/> Home care instructions | <input type="checkbox"/> Ultra Sonics Types:
_____ |
| <input type="checkbox"/> Cosmetic Imaging | _____ |
| <input type="checkbox"/> Perio charting | <input type="checkbox"/> Full Mouth Xrays |
| <input type="checkbox"/> Need assistant <input type="checkbox"/> Computer assisted | <input type="checkbox"/> Bite Wings |
| <input type="checkbox"/> Scaling and Root Planing | <input type="checkbox"/> Pit and Fissure Sealants |
| How many quads in one appt _____ | <input type="checkbox"/> Whitening Tray Instructions |
| Time needed per quadrant _____ | <input type="checkbox"/> Snore guards |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Atridox – Arestin other _____ | <input type="checkbox"/> Nightguards/ NTI |
| <input type="checkbox"/> BP | <input type="checkbox"/> Ortho |
| <input type="checkbox"/> Head/Neck Oral Cancer examination | <input type="checkbox"/> Sterilization |
| <input type="checkbox"/> Laser Cert | <input type="checkbox"/> Exams |
| <input type="checkbox"/> Lanap | <input type="checkbox"/> Fl2 applications |
| <input type="checkbox"/> Assisted Hygiene | <input type="checkbox"/> Loops |
| <input type="checkbox"/> Accelerated 40 min Schedule | |

Additional Skills:

Business/Front Office

Check what you are confident doing:

- | | |
|---|---|
| <input type="checkbox"/> Appointment Scheduling | <input type="checkbox"/> Making Financial Arrangements |
| <input type="checkbox"/> Care Credit | <input type="checkbox"/> Insurance Processing |
| <input type="checkbox"/> Check in/ out | <input type="checkbox"/> Electronic Claims |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Ins. Codes |
| <input type="checkbox"/> Statement Billing | <input type="checkbox"/> Posting Payments |
| <input type="checkbox"/> End of day reports | <input type="checkbox"/> Posting Insurance Payments/
understanding EOB's |
| <input type="checkbox"/> End of the month reports | <input type="checkbox"/> Ins plans: |
| <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> HMO <input type="checkbox"/> PPO |
| <input type="checkbox"/> Payroll | <input type="checkbox"/> DMO <input type="checkbox"/> AHCCCS |
| <input type="checkbox"/> Account Collections | <input type="checkbox"/> Perio Charting |
| <input type="checkbox"/> Treatment Plans | |
| <input type="checkbox"/> Entering into computer | |

Additional Skills:
