



SubstiToothFairy, Dental Staffing Service Application

First Name _____ M _____ Last Name _____

Social Security Number: _____ Birth date: ____/____/____

Street Address: _____

City, Zip Code: _____ E-Mail address: _____

CELL Phone # (_____) _____ Cell Phone Carrier: _____

Home phone: (_____) _____

Have you ever been convicted of a felony? YES NO If so, please explain: _____

POSITION/AVAILABILITY:

Position (circle all that apply): Temp Perm Both

Position (circle all that apply): Hygienist Assistant Dentist Receptionist

Days Available (circle): M T W R F S Start Date: ____/____/____

SKILLS & KNOWLEDGE:

Check all that apply

<input type="checkbox"/> Periodontics	<input type="checkbox"/> Practice Works	<input type="checkbox"/> Dentrax	<input type="checkbox"/> Digital X-ray
<input type="checkbox"/> Prosthodontics	<input type="checkbox"/> Mac Practice	<input type="checkbox"/> Soft-Dent	<input type="checkbox"/> IteroScan
<input type="checkbox"/> Endodontics	<input type="checkbox"/> Open Dental	<input type="checkbox"/> Eaglesoft	<input type="checkbox"/> Cirec Machine
<input type="checkbox"/> Oral Surgery	<input type="checkbox"/> Velscope	<input type="checkbox"/> QSI	<input type="checkbox"/> No- Mad
<input type="checkbox"/> Orthodontics			

REFERENCES: (TWO Employer references) Name / Relationship/ Phone

1. _____

2. _____

I, (print name) _____, certify that information contained in this application is true and complete. I understand that false information may be grounds for immediate termination at any point in the future. I authorize the verification of any or all information listed above.

SIGNATURE: X _____ Date: ____/____/____