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APPLICATION FOR EMPLOYMENT

DEMOGRAPHIC INFORMATION	
Date:	For what position are you applying?
Last Name	First Middle Title
Address (Number, City, State, Zip Code)	Are you at least 18 years old? (If no, please provide work permit) <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Do you have the legal right to work in the U.S.? (Proof will be required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No

EXPERIENCE AND SKILLS											
OFFICE SKILLS	Yes	No	WHAT IS YOUR SKILL LEVEL?			CLINICAL SKILLS	Yes	No	WHAT IS YOUR SKILL LEVEL?		
			Fair	Good	Exc.				Fair	Good	Exc.
Keyboard Skills						CPR Training					
Book-Keeping/Auditing						Tray Setup					
General Computer Skills						Cephalometric Tracing					
Microsoft Word						Sterile Techniques					
Excel						Take/Develop X-Rays					
Single/Multi-Line Phones Skills						Plaque Control Instructions					
10-Key Competency						Arch Wires					
Account Collections						Place and Ligate					
Treatment Presentation						Arch Wire Removal					
Fee Presentation						Ligature Tie Removal					
Medical Terminology						Bands-Fit/Remove					
Insurance Processing						Impressions					
Appointment Scheduling						OSHA & Safety Regulations					
Charting/Treatment Notes						Clinical Photography					
Social Media Competency						Clear Aligner Therapy					
Marketing						Indirect Bonding Techniques					

EDUCATION				
	NAME OF SCHOOL AND ADDRESS	GRADUATED	# OF YEARS	COURSE/MAJOR
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No		
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No		
POST GRADUATE		<input type="checkbox"/> Yes <input type="checkbox"/> No		
SPECIAL COURSES OR TRAINING		<input type="checkbox"/> Yes <input type="checkbox"/> No		

CERTIFICATES OR LICENSES

	X-RAY	ASSISTANT	LPN	RN	CPR	OTHER
CERTIFICATE/LICENSE #						
DATE EARNED						
STATE ISSUED						
CURRENT THROUGH (GIVE DATE)						

GENERAL INFORMATION

Can you fulfill the job duties and responsibilities of the position for which you are applying as they have been described to you, with or without a "reasonable" accommodation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available for the work hours required of the position for which you are applying?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, do you have the required license(s) to perform the job?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed all Hepatitis vaccination requirements?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Can your vaccinations be arranged at practice convenience? If no, please explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you illegally use drugs?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime other than a traffic violation? If yes, please attach explanation. (Note: A conviction does not necessarily bar employment)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available to start?			
Salary Requirements:	\$ _____/hour	\$ _____/daily	\$ _____/month
Benefit requirements:			
Please indicate your availability to work:		<input type="checkbox"/> Days <input type="checkbox"/> Evenings ____days/week ____hours/week Hours from ____ to ____	
Indicate the days of the week you will NOT be available to work: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			

EMPLOYMENT / WORK EXPERIENCE

Please provide information related to your present or most recently held position. Please complete ALL sections / questions completely --- do not substitute with a resume.

Name of Employer:	Address (Number, City, State, Zip)	Phone:
Employed: From and To (Month and Year)	Position(s) Held:	Supervisor's Name and Title
Average # of Hours Worked per Week	Rate of Pay Starting:	Rate of Pay Ending:
List / Describe your job duties:		
Specific reason(s) for leaving:		May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ THE FOLLOWING AND SIGN BELOW GENERAL AGREEMENT

If hired, I will provide legal proof of identity and authority to work in the United States. I agree to conform to the rules and standards of the practice, as amended from time to time at the employer's discretion. I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. I hereby certify that the information contained in this application form is true and correct to the best of my knowledge.

EMPLOYMENT RELATIONSHIP

If hired, I understand that employment with the practice is not for a specified term and can be terminated "At Will", with or without cause, and with or without notice, at any time, either at the option of the employee or the employer. No employee or representative of the practice, other than its owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the employer may not alter the "At-Will" nature of the employment relationship unless it is done specifically in writing and is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the "At-Will" nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

AUTHORIZATION OF REFERENCE AND BACKGROUND CHECKING

All offers of employment are conditioned upon receipt of satisfactory responses to reference requests and background inquiries and exams. Unless I have otherwise indicated above, I authorize the references listed, as well as all other individuals who may be contacted, to provide any and all information concerning my previous employment, background, and any other pertinent information that they may have.

Additionally, contingent upon a conditional offer of employment and as part of screening for the position for which I am applying, if required, I agree to take a physical exam, drug test, and/or authorize a background check which may include a review of criminal convictions, driving record, social networking sites and credit history. Further, I release all parties and persons from all liability for any damages that may result from furnishing the practice with such information as well as from the use or disclosure of such information by the employer or any of its agents, employees or representatives.

Applicant Signature: _____

Date: _____