TEAM MEMBER APPLICATION

STRICKLAND ORTHODONTICS
improving life, one SMILE at a time

At Strickland Orthodontics we pride ourselves in providing the best customer service experience while creating healthy & beautiful smiles. It is our job to ensure that our patients' needs are met by hiring the most qualified candidate. Your honesty throughout the completion of the following application will help us place amazing employees in successful positions within our practice.

GENERAL INFORMATION

Today's Date: ____/____/_____ How did you hear about Strickland Orthodontics? _____

Full Name: _____ Phone: _____ Email: _____

Address: _____

Preferred Position: ☐ Patient Care Coordinator ☐ Treatment Coordinator ☐ Financial/Insurance Coordinator ☐ Clinical Assistant

Desired Hours: ☐ Full-Time ☐ Part-Time ☐ Other: _____

If Hired, Desired Start Date: _____ Requested Pay: ☐ $_____/hour ☐ $ _____ Salary

GENERAL QUESTIONNAIRE

- Are you at least 18 years old? ☐ YES ☐ NO (If no, please provide a work permit.)
- Do you have the legal right to work in the U.S? ☐ YES ☐ NO (Proof will be required upon employment.)
- If hired, do you agree for Strickland Orthodontics to perform a background check on you? ☐ YES ☐ NO
- Can you fulfill the job duties and responsibilities of the position for which you are applying as they have been described to you?

  ☐ YES ☐ NO ☐ Other: _____
- Are you available to work the hours required of the position for which you are applying for? ☐ YES ☐ NO
- Do you have dependable transportation to be at work on time? ☐ YES ☐ NO
  - If no, please explain: _____
- If applicable, do you have the required certifications to perform the job? ☐ YES ☐ NO
- Can your vacations be arranged at practice convenience? ☐ YES ☐ NO
  - If no, please explain: _____
- Strickland Orthodontics is a drug and smoke-free environment. Are you willing to participate in a drug test? ☐ YES ☐ NO
  - If no, please explain: _____
- Have you ever been convicted of a crime other than a traffic violation? ☐ YES ☐ NO
  - If yes, please explain: _____
- Are there any days of the week you will NOT be able to work? ☐ YES ☐ NO
  - If yes, please explain: _____
- Have you previously been employed by Strickland Orthodontics? ☐ YES ☐ NO
  - If yes, please list the dates you were employed and your job title: _____
- Do you currently know someone that works with Strickland Orthodontics? ☐ YES ☐ NO
  - If yes, please name and detail your relationship: _____

QUALIFICATIONS

Please complete the following based on previous experience by placing a check under, 'N/A, 'Fair', or 'Good'.

Office Skills	N/A	Fair	Good	Clinical Skills	N/A	Fair	Good
Customer Service	N/A			Tray Setup	N/A		
Computer	N/A			Charting	N/A		
Microsoft Office	N/A			4-Handed Dentistry	N/A		
Ortho Terminology	N/A			X-Ray Acquisition	N/A		
Appointment Scheduling	N/A			Pour & Trim Models	N/A		
Fee Presentation	N/A			Fabricate Essix Retainers	N/A		
Treatment Presentation	N/A			Remove & Place (AW/O-Ties/Power chains, etc.)	N/A		
Cloud 9 Software	N/A			Lingual Retainer Placement	N/A		
Teamwork & Communication	N/A			Itero Scan (Align & Appliances)	N/A		
OSHA & Safety Regulations	N/A			Clinical Photography	N/A		
Other: _____	N/A			Appliance Cementation	N/A		
Other: _____	N/A			Invisalign Attachment Placement	N/A		
Other: _____	N/A			Sterilization Protocols	N/A		
Other: _____	N/A			Provide Hygiene Instructions	N/A		

RECORD OF EDUCATION

School	Name & Address of School	Course of Study	Years Completed	Graduate	Degree Completed & GPA
High School				Yes ☐ No ☐	
College				Yes ☐ No ☐	
Other (Specify)				Yes ☐ No ☐	

EMPLOYMENT/WORK HISTORY

Please list the last 7 years of employment history, including periods of self-employment or unemployment. Answer all questions thoroughly and do not substitute with a resume. List the most present or most recent position first. Attach additional pages if needed.

Employer: ____ Position/Title: ____________________

Year(s) Active: ______________________ Supervisor's Name & Title: ______________________________

Average # of Hours Worked Per Week: ________ Beginning Pay/Salary: _________ End Pay/Salary: _______

Describe Your Responsibilities: ____

____

Reason(s) For Leaving: ____

May We Contact This Employer? ☐ YES ☐ NO

Employer: ____ Position/Title: ____________________

Year(s) Active: ______________________ Supervisor's Name & Title: ______________________________

Average # of Hours Worked Per Week: ________ Beginning Pay/Salary: _________ End Pay/Salary: _______

Describe Your Responsibilities: ____

____

Reason(s) For Leaving: ____

May We Contact This Employer? ☐ YES ☐ NO

Employer: ____ Position/Title: ____________________

Year(s) Active: ______________________ Supervisor's Name & Title: ______________________________

Average # of Hours Worked Per Week: ________ Beginning Pay/Salary: _________ End Pay/Salary: _______

Describe Your Responsibilities: ____

____

Reason(s) For Leaving: ____

May We Contact This Employer? ☐ YES ☐ 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 misrepresentation, falsification, or omission of information on this application may result in my failure to receive an offer. I confirm that the information contained in this application on my behalf is true and correct to my knowledge.

Employment Relationship

If hired, I understand that employment with the practices is not for a specific 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, or to make any agreement contrary to the foregoing. 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 a working interview. Unless I have otherwise indicated above, I authorize the references listed, as well as all other individuals who may be contacted, to provide 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 drug test, and/or authorize a background check which may include a review of criminal convictions and driving record. Further, I release all parties and persons from all liability for any damages that may result for 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's Signature: _____ Date: _____

References

Name: _____ Relationship: _____

Phone #: _____ Email: _____ Previous Employer? ☐ Yes ☐ No

Name: _____ Relationship: _____

Phone #: _____ Email: _____ Previous Employer? ☐ Yes ☐ No

Name: _____ Relationship: _____

Phone #: _____ Email: _____ Previous Employer? ☐ Yes ☐ No