

Referral Application

Applicant Information

Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Position : _____ License No : _____ Desired Salary: \$ _____

Days Available: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Duties: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Duties: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Duties: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date: _____

CHECK-OFF LIST

Please be sure to bring the following to your appointment:

- Current pocket license (RDA/RDH/EF/DDS)
- Radiation Safety Certificate (if not an RDA/RDH/EF/DDS)
- Current CPR card
- Malpractice insurance
- Resume
- References
- Photo identification
- Other dentistry related certificates

Dental Staff On Call

REFERRAL AGREEMENT

In this agreement, the applicant understands and agrees that he/she is not an employee of Dental Staff On Call. The applicant should be compensated for services performed only from the dental office to which the applicant was referred.

The applicant agrees to notify Dental Staff On Call of any assignments offered by a dental office that the applicant was referred to by Dental Staff On Call, temporary and permanent, within a (12) month period from the last date worked or from the referral date.

The applicant may reject all or any portion of any assignments for any reason. Rejection of any assignments shall be without penalty and shall not affect the applicant's eligibility for subsequent assignments.

Dental Staff On Call makes no promise or guarantee of any referrals. In referring assignments, Dental Staff On Call shall not be obligated to give applicant preferences over any other individual registered with Dental Staff On Call.

Applicants will not hold Dental Staff On Call responsible for any moneys if a dentist cancels an assignment at any time.

Today's Date

Applicant Signature

Applicant Printed Name

Today's Date

Dental Staff On Call

Dental Staff On Call

HEPATITIS B VACCINE VERIFICATION

I understand that due to my occupational exposure to blood or other potential infectious materials, I may be at risk of HBV (Hepatitis B Virus) infections while I work in various dental offices on a temporary assignment.

*****THIS VACCINE IS NOT REQUIRD LAW*****

_____ I have received the (HBV) vaccine
Please state year received _____

_____ I have not received the (HBV) vaccine

_____ I am currently receiving the (HBV) vaccine

Today's Date

Applicant's Signature