

PROFESSIONAL PROFILE

Personal Information:

Full Name: _____ Date: _____
 Phone Number: (____) _____ Cell (____) _____
 Email Address: _____ Social Security Number: _____
 Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Have you been convicted of a felony? _____ Citizen of U.S.? _____
 Whom may we thank for the referral?: _____

Position Desired:

Position: _____ Full Time _____ Part Time _____ Temporary _____
 Are you currently employed? _____ Salary Desired _____ Date you can start _____
 Preferred Location _____ How far are you willing to travel? _____
 What days are you able to work?
 Monday _____ Available from: _____ to: _____
 Tuesday _____ Available from: _____ to: _____
 Wednesday _____ Available from: _____ to: _____
 Thursday _____ Available from: _____ to: _____
 Friday _____ Available from: _____ to: _____
 Saturday _____ Available from: _____ to: _____

Education: (Name /Certificate/Degree)

High School _____
 College _____
 Hygiene School _____
 Dental Assisting School /Course _____
 Dental School/Specialty _____
 Other _____

Skills

Years of Professional Experience _____
 List skills that apply to your professional expertise _____

 Local Anesthesia Certified? _____
 Dental Software Experience (Please List) _____
 Digital Radiograph Experience? _____
 Do you have current Hepatitis B vaccine? Y ___ N ___

Employment History

Name of Employer _____ Phone _____
Address _____
Employed From _____ To _____
Position/Responsibilities _____
Salary _____ Reason for Leaving _____

Name of Employer _____ Phone _____
Address _____
Employed From _____ To _____
Position/Responsibilities _____
Salary _____ Reason for Leaving _____

Name of Employer _____ Phone _____
Address _____
Employed From _____ To _____
Position/Responsibilities _____
Salary _____ Reason for Leaving _____

Is there any circumstance in your past employment that might negatively influence future employers? Please explain _____

Professional References

This is to supplement the above list of employers. We require a total of three.

Full Name _____ Title _____ Relationship _____
Company _____ Phone (_____) _____
Full Name _____ Title _____ Relationship _____
Company _____ Phone (_____) _____
Full Name _____ Title _____ Relationship _____
Company _____ Phone (_____) _____

I certify that all the questions are fully and correctly answered, and I authorize this office to contact all former employers to verify the facts and information that I have furnished in reference to my qualifications and experience.

Signature *Date*

Print Name

Kindly send (mail, fax or scan and email) completed application to:

Address:
CHAIRSIDE CNY LLC
333 Butternut Drive, Suite 104
Syracuse, NY 13214

Phone:
315- 410-0100 - office
315-410-0101 - fax
315-456-9085 - cell

Email:
melang@chairsidecny.com