



Dr. Stephanie E. Steckel, D.D.S., M.S.
 Orthodontics on Silver Lake, P.A.
 42 Hiawatha Lane
 Dover, DE 19904
 302-672-7776

Application for Dental Office Employment

Name: _____ Other Names: _____

Address: _____ Soc. Security # /
 Work Permit #: _____

Phone: (H): _____ (Other): _____

Position Applying For: _____

EDUCATION (If not on resume):

	Name of School	Location	Last Grade Completed	Date
High School:				

GED

	Name of School	Location	Program/Course of Study	Dates Attended
College, Trade or Special Training				

Dental Certificates or Licenses: X-Ray CDA EFDA/RDA RDH RDH/EF

MEDICAL/OTHER:

Do you have any physical condition that could limit your ability to perform the job you have applied for, or be aggravated by the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, explain)
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Are you currently taking any medication that could limit your ability to perform the job applied for?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, explain)
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Should you be hired, may we have permission to talk to your physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No Name/Location: _____
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Any reason why you cannot be bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, explain)

Do you Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you immunized for hepatitis A/B? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Right Handed <input type="checkbox"/> Left Handed
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What are you grateful for?

JOB PREFERENCES: I am willing to work...

Full-time Days _____ # of hours/week _____ overtime, occasionally, if necessary
 Part-time Evenings _____ # of days/week

Days you are NOT available to work? M T W Th F S S

Can vacations be arranged at office convenience? Yes No

What fringe benefits do you require? _____ Amount looking to be paid? _____

What is your anticipated length of employment? _____ When could you start? _____



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EMPLOYMENT (If not listed on your resume, please list information about current and most recent employment)

Company Name	Location	Job Title	Dates	Supervisor Name	Contact Info
1)					
2)					
3)					
4)					

May we contact your present employer? Yes No (If no, explain) _____

Briefly State your employment goals and why you want to work at Orthodontics on Silver Lake.

REFERENCES (if not on resume):

Name	Title and/or Association to You	Contact Information

Are you afraid or allergic to dogs? _____

I consent to background checks, release of school transcripts and drug testing.

I understand that the information on this application is subject to verification, and I further understand that any false statements or omissions may be cause for dismissal.

Signature of applicant: _____

Date: _____