



The Dental Solution

Temporary & Permanent Staff Placements

PERSONNEL PROFILE

PERSONAL INFORMATION			
Date:		Email Address:	
Name:		Social Security Number:	
Cellular Number: ()		Alternate Number: ()	
Current Address:			
Street		City	State Zip Code
What foreign languages do you speak?			Referred By:
Have you been charged or convicted with a felony or misdemeanor?			
If Yes, please explain:			

EMPLOYMENT DESIRED			
Position:	Full Time:	Part Time:	Temporary:
Are you currently employed?	Salary Desired:	Date you can start:	
What days are you available to work?			
How do you feel about working with children in a dental environment?			
Do you have current (check all that apply to you):			
Hepatitis B Vaccine?	Radiology Certificate?	Nitrous Oxide Monitoring Certificate?	
CPR?	Expiration Date:	Software:	

REFERENCES (please do not list family members as references)			
Name	Profession	Phone Number	Yrs Acquainted
1.			
2.			



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EDUCATION		
Name/Location	Number Yrs Attended	Certificate/Degree
High School:		
College:		
Hygiene School:		
Dental Assisting School/Course:		
Dental School/Specialty:		
Continuing Education:		
Educational Activities, Awards, Honors:		

EMPLOYMENT RECORD		
Name, Address, Phone of Employer	Salary	Position
To: From:		
To: From:		
To: From:		
Is there any circumstance in your past employment that might negatively influence future employers?		



RELEASE FORM FOR CONSUMER REPORTS

In connection with my application for employment (including contract for services, I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including criminal records, driving record, education, prior employer verification), workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further I understand that you will be requesting information from various Federal, State, local and other agencies with contain my past activities.

I hereby authorize without reservation any party or agency contacted by this employer to furnish the above mentioned information.

I have the right to make a request of CIC Applicant Background Checks, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract).

Print your name _____

Street Address _____

City _____

Social Security Number _____

Driver's License State _____ License Number _____

For Identification Purposes

Date of Birth Month _____ Day _____ Year _____ Race _____ Gender _____

Other or Former Names _____

Professional License: State _____ Type _____ Number _____

Signature _____ Date _____



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REFERENCE VERIFICATION FORM

To the office of: _____
 Address: _____
 City, State, Zip: _____

The applicant mentioned herein has made application with our agency for assistance in securing employment in the dental profession. Your verification of employment will be appreciated. Only appropriate information will be shared with the potential employer.

NAME USED IN YOUR EMPLOYEMENT: _____
 POSITION HELD: _____
 REASON FOR LEAVING: _____

I hereby authorize you to issue to THE DENTAL SOLUTION, INC. any information you may have regarding my skills and character and to hereby unconditionally release you from all liability for any damage whatsoever which may result from furnishing same.

SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY FORMER EMPLOYERS

I rate the above named former employee as the following:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Comment</u>
Attendance					
Motivation					
Neatness					
Organization					
Skills					
Patient Rapport					
Team Effort					

Is this employee eligible for rehire? Yes _____ No _____ Remarks: _____

Employer's Signature: _____ Date: _____