

# Application for Employment

Please complete the following to be considered for a position at Smile Logic Orthodontics.

Full Name					Position				
Address (Number, City, State, Zip)					Phone Number				
	Novice				Expert				
<b>Office Skill Level</b>									<b>Clinical Skill Level</b>
Greeting guests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CPR training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plaque control instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Instrument processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic charting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Alginate impressions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appointment scheduling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Braces placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Letter composition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Braces removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Archwire ligation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fee presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Achwire removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bookkeeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Model fabrication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Digital X-Rays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Education

	Graduated	Years	Course or Major
High School (Name, City, State)	<input type="radio"/> Yes <input type="radio"/> No		
College (Name, City, State)	<input type="radio"/> Yes <input type="radio"/> No		
Post Graduate (Name, City, State)	<input type="radio"/> Yes <input type="radio"/> No		
Other Training (Name, City, State)	<input type="radio"/> Yes <input type="radio"/> No		

## Licensure

	CPR	X-Ray	RDA	RDH
NJ license number				
Date earned				
Current through (date)				

## General Information

Do you have the legal right to work in the US?										<input type="radio"/> Yes	<input type="radio"/> No
Can you fulfill the job duties and responsibilities of the position for which you are applying?										<input type="radio"/> Yes	<input type="radio"/> No
Have you completed all Hepatitis vaccination requirements?										<input type="radio"/> Yes	<input type="radio"/> No
Can your vacations be arranged at practice convenience?										<input type="radio"/> Yes	<input type="radio"/> No
Do you illegally use drugs?										<input type="radio"/> Yes	<input type="radio"/> No
Have you ever been convicted of a crime other than a traffic violation?										<input type="radio"/> Yes	<input type="radio"/> No
Date available to start:											
Wage requirements:      \$      / hour      \$      / day      \$      / month											
Benefit requirements:											
Work availability	8 am-9 am	9 am-10 am	10 am-11 am	11 am-12 pm	12 pm-1 pm	1 pm-2 pm	2 pm-3 pm	3 pm-4 pm	4 pm-5 pm	5 pm-6 pm	
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please return completed applications to [hiring@smilelogicortho.com](mailto:hiring@smilelogicortho.com)

Smile Logic Orthodontics | 346 Georges Rd, Dayton, NJ 08810 | 732-274-2211 | [www.smilelogicortho.com](http://www.smilelogicortho.com)

### Employment / Work Experience

List the last 7 years, including periods of self-employment or unemployment. List present or most recent position first. Please use additional pages if necessary.

Name of employer	Address (Number, City, State, Zip)	Phone
Employed from and to (MM / YYYY)	Position held	Supervisor's name and title
Average # of hours worked per week:		Last Name at time of employment
Describe your duties:		
Give specific reason for leaving:		
May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No		

Name of employer	Address (Number, City, State, Zip)	Phone
Employed from and to (MM / YYYY)	Position held	Supervisor's name and title
Average # of hours worked per week:		Last Name at time of employment
Describe your duties:		
Give specific reason for leaving:		
May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No		

### We are an equal opportunity employer

#### 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 any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. I hereby certify that the information contained in this application form is true and correct to the best of my knowledge.

#### Employment Relationship

If hired, I understand that employment with the practice is not for a specified term and can be terminated "At Will", with or without cause, and for 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 of time, or to make any agreement contrary to the foregoing. Further, the employer may not alter the "At Will" nature of the employment relationship unless it is done specifically in writing and is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the "At Will" nature of my employment relationship. 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 exams. Unless I have otherwise indicated above, I authorize the references listed, as well as all other individuals who may be contacted, to provide any and 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 physical exam, drug test, and/or authorize a background check which may include a review or criminal convictions, driving record and credit history. 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: \_\_\_\_\_

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