

**DENTAL TEMPORARIES**  
P.O. Box 474, Whitman, MA 02382  
781-447-1818/800-441-1014/FAX 781-447-4610

**EMPLOYMENT APPLICATION**

PLEASE ENCLOSE A COPY OF THE FOLLOWING: Driver's License, DH License, Radiology Certification, SS Card, CDA Number, OSHA Certification, Hepatitis Vaccine Record, Malpractice Insurance

DENTAL HYGIENIST \_\_\_\_\_ License Number \_\_\_\_\_  
DENTAL ASSISTANT \_\_\_\_\_ C.D.A. \_\_\_\_\_

NAME \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ CELL \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

COLLEGE \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

OTHER \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

PRESENT/FORMER EMPLOYERS DATES MAY WE CONTACT? Y / N

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DAYS/HOURS AVAILABLE TO  
WORK \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SPECIALTIES (ORTHO, ORAL SURGERY, PERIO,  
ETC.) \_\_\_\_\_

\_\_\_\_\_

Do you have any physical limitation or consideration that would interfere with you duties in the position as a Dental Hygienist or Dental Assistant? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true and correct. I authorize investigation of all data provided. I understand any false information on this application will be sufficient cause for dismissal from Dental Temporaries.

I certify that I am legally authorized to work in the United States and I will provide documentation supporting such eligibility. YES \_\_\_\_\_ No \_\_\_\_\_

I have had the hepatitis B vaccine. Yes \_\_\_\_\_ No \_\_\_\_\_

I did not have the vaccine and understand that I am at risk of acquiring hepatitis B. Yes \_\_\_\_\_ No \_\_\_\_\_

I have been tested and have hepatitis B antibodies, and therefore, no vaccine is necessary. \_\_\_\_\_

I have enclosed a copy of my OSHA certification. Yes \_\_\_\_\_ No \_\_\_\_\_

SIGN \_\_\_\_\_ DATE \_\_\_\_\_