



Diversified Dental Staffing INC
Personnel Profile

Personal Information

Date: _____

Name: _____

SS#: _____

Phone Number: _____

Cell #: _____

Email Address: _____

Current Address: _____

Permanent Address: _____

What foreign languages do you speak? _____

Have you been convicted of a felony? _____

Referred by: _____

Position Desired

Position: _____ Full Time ___ Part Time ___ Temporary ___

Are you currently employed? _____ Salary Desired _____ Date you can start _____

What days are you able to work? _____

How do you feel about working with children? _____

Do you have current (check all that apply to you):

Hepatitis B vaccine? Y ___ N ___

CPR Expiration Date? _____

OSHA Annual Update? Y ___ N ___

Nitrous Oxide Monitoring Certificate? Y ___ N ___

DA's Radiology Certificate? Y ___ N ___

Coronal Polish Certificate Y ___ N ___

References (Dentist or employer)

Name	Address	Profession	Phone	Years Acquainted
------	---------	------------	-------	------------------

1. _____

2. _____

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

Education

Name/Location	Number of Years Attended	Certificate/Degree
---------------	--------------------------	--------------------

College _____

Hygiene School _____

Dental Assisting
School/Course _____

Please list offices in North Carolina to which you do not wish to return:

Skills

Rate your ability in the areas below:
(0-none, 1-very little; training needed, 2-average, 3-above average)

Business Administration:

- ___ Financial Arrangements
- ___ Collections
- ___ Insurance
- ___ Electronic Filing (with attachments)
- ___ Appointment Scheduling (# of rooms booked ___)
- ___ Accounts Receivable
- ___ Accounts Payable
- ___ Monthly Statements
- ___ Payroll
- ___ Taxes
- ___ Recall
- ___ Correspondence
- ___ Marketing
- ___ Computer Skills
- ___ Dental Software (Please List):

Hygiene (Hygienists Only)

- ___ Anti-Microbial Therapy
- ___ Ultrasonic Scalers (Piezo, etc.)
- ___ Prophy Jet
- ___ Cavitron
- ___ Pit & Fissure Sealants
- ___ Soft Tissue Management
- ___ Oral Hygiene Instructions
- ___ Invisalign
- Time required for prophylaxis:
Adult: _____
Child: _____
- ___ Dental Software (Please List):

Assisting:

- ___ Four-Handed
- ___ Sterilization Techniques
- ___ Tray Set-Ups
- ___ Alginate Impressions
- ___ Model Pouring
- ___ Model Trimming
- ___ Wax Bites
- ___ Dental Rubber Dam
- ___ Panoramic Radiographs - Digital
Type: ScanX _____
Sensors _____
- ___ Acrylic Temporary Crown Fab.
- ___ Suture Removal
- ___ Office Equipment Maintenance
- ___ Charting - Paperless
- ___ Implants
- ___ Crown & Bridge
- ___ Oral Surgery
- ___ Periodontics
- ___ Pedodontics
- ___ Orthodontics
- ___ Bands & Brackets
- ___ Endodontics
- ___ Invisalign
- ___ Pit & Fissure Sealants
- ___ Cerec
- ___ Dental Software (Please List):

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. I authorize this office to verify this application information. I hereby release any such employer or persons from any and all liability in the event such information is furnished.

Signature of applicant

Date

Hepatitis B Status

Date _____

Name _____ SS# _____

Please complete one of these categories:

1. I have completed the following HBV series:

Initial injection:	Scheduled _____	Actual _____
Second injection:	Scheduled _____	Actual _____
Third injection:	Scheduled _____	Actual _____

2. I understand that due to my occupational exposure to blood or other potentially infectious materials, I am at risk of acquiring hepatitis B virus (HBV) infection. I understand the possible effects of this disease: acute and chronic illness, becoming chronic carrier, cirrhosis, and that this disease is associated with a higher risk for liver cancer. I understand that there is no effective treatment or cure for hepatitis B. I understand that the hepatitis B vaccine has been reported to be 85-95% effective in providing protection from hepatitis B, when the three-dose series has been administered as recommended.

I understand that by not receiving this vaccine, I continue to be at risk for acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials, I release DDS, Inc. from all liability for any exposure or contamination related to temporary or permanent employment to the aforementioned company.

Signature

Date