



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)

<b>Name</b>	<b>Address</b>	<b>Profession</b>	<b>Phone</b>	<b>Years Acquainted</b>
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1. \_\_\_\_\_

2. \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Education

<b>Name/Location</b>	<b>Number of Years Attended</b>	<b>Certificate/Degree</b>
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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