

# RDH HEALTH SERVICES, INC.

Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Cell Phone	Work Phone		
Date Available	Social Security No.	Desired Salary	
Position Applying for			
Days and Hours Available			
Hepatitis B Vaccinated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Local Anesthesia Certification?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Nitrous Certification?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for RDH Health Services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone	( )
Address			
Full Name		Relationship	
Company		Phone	( )
Address			

Full Name		Relationship	
Company		Phone	(      )
Address			

**PREVIOUS EMPLOYMENT**

Company		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary	\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary	\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary	\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**WORKPLACE SKILLS**

What would your co-workers or employer say about working with you?

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Describe your ideal dental practice

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Dental Hygiene Qualification			Clinical Skills		
	Yes/No	# of Years		Yes/No	# of Years
Number of years of experience:			Do you have assisting experience?		
Are you certified for CPR?			Do you placing sealants?		
Are you certified for local anesthesia?			Are you familiar with digital X-rays?		
Are you certified for nitrous?			Can you expose a Panorex/Cephs?		
Do you take patient's blood pressure regularly?			Can you use ultrasonic scalers?		
Are you right or left handed:			Can you use a intraoral camera?		
What dental computer software are you familiar with:			Have you placed subgingival medicaments?		
List software:			Have you provided whitening treatments?		
			Do you have Implant experience?		
			Do you have advanced perio experience?		
			Do you have pediatric experience?		
			Have you worked with special needs patients?		

### AUTHORIZATION AND SIGNATURE

I understand that falsification, distortion, or omission of any of the aforementioned information is grounds for immediate dismissal, regardless of when such omission or misrepresentation may be discovered by RDH Health Services. (RDH) I authorize RDH to investigate all statements in this application, including the records of any former employers, police departments, other references and sources concerning me. I authorize such references and sources to release this information without liability for damage incurred in giving it. I waive any notice of the release of such records that may be required by state or federal law.

I understand that RDH is a drug-free environment. I agree to take a drug & alcohol test if I have a workman's comp injury while employed with RDH. I further understand that RDH or any agent of RDH shall have the maximum discretion permitted by law to administer, interpret modify or discontinue to enhance or otherwise change all policies procedures.

I understand that my employment is "at-will" and can be terminated with or without cause at the option of RDH or myself. I understand that if accepted for employment, I will be working for RDH, be on its payroll, at its client's premises. I agree that I will obtain RDH's permission before discussing employment with a client of RDH. I understand that any information I learn while working for a client is to be kept confidential.

**I agree that any action or suit against the firm arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.** I further agree that if I should bring any action or claim arising out of my employment against the firm in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees.

I HAVE READ AND UNDERSTAND THE QUESTIONS, STATEMENTS AND CONDITIONS OF EMPLOYMENT CONTAINED IN THIS APPLICATION AND STATEMENT.

Signature

Date