

**APPLICATION FOR EMPLOYMENT
AT THE OFFICE OF
SANDY IRA ALLAN BIGMAN, D.D.S., M.S.D.**

The policy of Sandy Ira Allan Bigman, D.D.S., M.S.D. (Dr. Bigman) is to fill every position without regard to race, color, religion, creed, sex, marital status, age, national origin, ancestry, physical or mental disability, medical condition, sexual orientation or any other consideration made unlawful by federal, state, or local laws. Dr. Bigman is an equal opportunity employer and selects employees on the basis of ability, experience, training and character.

<u>Date:</u> _____		<u>Social Security No.</u> _____	
<u>Name:</u> _____			
Last	First	Middle	
<u>Permanent Address:</u> _____			
Street	City	State	Zip
<u>Phone numbers : Home</u> _____		<u>Work</u> _____	<u>Cell</u> _____

<u>Referred By:</u> _____			
<u>Driver's License Information:</u>			
<u>State:</u> _____	<u>Number:</u> _____	<u>Expiration Date:</u> _____	

EMPLOYMENT DESIRED:

Position applying for: _____ Date you can start: _____

Days available to work: M T W TH F _____ Hours available to work: _____

Are you employed now? _____ May we inquire of your present employer? _____

Have you ever worked for Dr. Bigman? _____ If so, when? _____

Have you ever applied to Dr. Bigman? _____ If so, when? _____

Applicants may be required to submit to and pass a drug and/or alcohol screening after being offered employment.

PLEASE NOTE: Dr. Bigman considers applications for only a 30-day period. If you wish to be considered after 30 days from the date of application, please reapply.

EDUCATION:

	Name of School	Location of School	Dates Attended	Graduated		Type of Degree	Major Subject(s)
				Yes	No		
Last Grade Or High School							
Professional and Trade Schools							
College(s)							

SKILLS:

Office Skills	Yes	No	What is Your Skill Level?			Clinical Skills	Yes	No	What is Your Skill Level?		
			Fair	Good	Exc.				Fair	Good	Exc.
Typing (words per min)						CPR Training					
Bookkeeping (computer)						Tray Setup					
Account Collections						2-Handed Assisting					
Microsoft Word						Digital Radiology					
Microsoft Excel						Pour & Trim Models					
Treatment Presentation						Orthodontic Skills					
Fee Presentation						Sterilization					
Dental Terminology						Anticipation of Dr's move					
Insurance Processing						Indirect Bonding					
Appointment Scheduling						PVS Impressions					
Filing											
4+ Phone Lines											

CERTIFICATES OR LICENSES:

	X-RAY	DA	RDA	COA	CPR	OTHER
Certificate/License #						
Date Earned						
State Issued						
Current Through (give date)						

EMPLOYMENT HISTORY:

List the last 10 years, including periods of self-employment or unemployment. Answer all questions – do not substitute with “See Resume”

Date: Month & Year	Name & Address of Employer	Phone Number + Area code	Position Held & Rate of Pay	Supervisor’s Name & Title	Reason For Leaving	May We Contact This Employer?
From: To:						
From: To:						
From: To:						
From: To:						
From: To:						
From: To:						

Have you been discharged for cause from any of the above positions? No Yes
If yes – Explain _____

Can you fulfill the job duties and responsibilities of the position for which you are applying as they have been described to you? No Yes

Is there any reason you may not be able to attend work on a regular basis or be to work on time?
No Yes If Yes, explain _____

Can your vacations be arranged during non-patient days and not during the month of August? No Yes
If no – Explain _____

Do you use illegal drugs? No Yes

Have you been convicted of a crime other than a traffic violation? No Yes If yes, please attach explanation. (Note: A conviction does not necessarily bar employment)

List all traffic violations, citations received within the last three years. _____

Date available to start? _____

Salary Requirements: \$ _____ /hr.

REFERENCES: Give Below the Names of Three Persons, Not Related to You, Whom You Have Known At Least One Year.

Name	Address	Area Code & Phone Number	Relationship/Friend	Years Acquainted

I Understand and Acknowledge the Following:

1. All offers of employment are conditioned on receipt of satisfactory responses to reference requests. Unless I have otherwise indicated above, I authorize the references listed above, as well as all other individuals whom the practice may contact including previous supervisors, to provide any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from all liability for any damages that may result for furnishing Dr. Bigman’s 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. _____(initials)
2. I authorize investigation of all statements contained in this application and any supporting documents. I authorize Dr. Bigman to secure information about my experience from former employers, education institutions, government agencies, or any references I have provided and for those parties to provide information concerning my experience and I hereby release all parties from any liability arising from such investigation. I specifically authorize investigation of my D.M.V. record, criminal record, and consumer credit history. _____(initials)
3. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S. _____(initials)
4. If I am offered employment, I will, as conditions of employment furnish proof that I am over 18 years of age. _____ (initials)
5. If I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false, will result in my immediate dismissal. _____ (initials)
6. I will be required to possess a current and valid California Drivers License and be insurable if my job requires me to drive in the course of my work. _____(initials)
7. I agree that, if I am offered employment, I will be required to conform to the rules and regulations of Dr. Bigman’s practice. _____ (initials)
8. I understand that if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period, and that my employment may be terminated at any time with or without cause and with or without prior notice. In consideration for employment I specifically agree that my employment shall be at will. I also understand and agree that, except for Dr. Bigman, no supervisor or manager may alter or amend the above conditions. Only Dr. Bigman has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and then only in writing signed by Dr. Bigman and myself. _____ (initials)
9. I understand that, as a condition of employment, I may be required to sign a written at will employment agreement which will, among other things, include an agreement to arbitrate all disputes arising out of my employment or the termination of my employment. _____ (initials)
10. If I am offered employment, I will, as a condition of employment, comply with all regulations regarding the HIPPA Privacy Rule which is a Federal Law. Upon employment, training will be done as to the regulations and restrictions thereof by the office "Privacy Official.". _____ (initials)
11. My signature below and my initials at the end of this paragraph and each paragraph above, certify that I have read, understood, and agree to the foregoing and that, to the best of my knowledge and belief, all information I have provided on the application form is true and correct. _____ (initials)

Date: _____ Signature: _____