



Rise Dental Temp Agency Job Application

Along with submitting this application form, please submit a copy of your current licensure or certification, along with your current resume to:

RiseDentalTemps@gmail.com.

Applicant Information:

First Name:	
Last Name:	
Address:	
Phone:	
Email:	
Social Security #:	
Location applying or Job ID:	

Employment Position:

Please mark the desired position.

Registered Dental Hygienist	
Dental Assistant	
Registered Dental Assistant	
Front Desk/ Business Assistant	

Placements:

Please mark desired placement.

Permanent Placement:	
Temporary Placement:	
Open to Temporary Placements until Permanent Placement:	

Qualifications:

Applies to RDH and RDA positions.

License #:	
CPR certification date:	

Education and Training:

College or Specialized Training Attended:	
Year Graduated:	
Degree or Certificate Earned:	

Previous Dental Related Employment:

Please list the most recent place of employment first. If the dental field does not apply-please list the most recent place of employment.

Office Name:	
Address:	
Position Held:	
Duration:	
Reason for leaving:	

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Address:	
Position Held:	
Duration:	
Reason for leaving:	

Office Name:	
Address:	
Position Held:	
Duration:	
Reason for leaving:	

Availability:

Start date:	
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Please mark the days you are available for a full day of work.

Monday	Tuesday	Wednesday	Thursday	Friday

Please list any dates you would be available to work. *For example, some offices are closed for vacations, breaks and holidays. Please list dates you would be available to work.*

January 2022:	
February 2022:	
March 2022:	
April 2022:	

May 2022:	
June 2022:	
July 2022:	
August 2022:	
September 2022:	
October 2022:	
November 2022:	
December 2022:	

Would you be available for “day of/last minute call” temp work?

Yes:	Possibly:	No:
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Personal Information:

Have you ever worked as a temporary hygienist, assistant, or front desk staff before?

Yes:	No:
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**If Yes, please list the office or corporation below.*

How important are “prep days” before filling in at an office, to you? For example, visiting the office before arriving for the scheduled day.

Please select what best applies.

Very Important	Verbal Prep Is Fine	Not Important

Are you right or left handed? *Please disregard if applying for Front Desk.*

Right:	Left:
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If you are bi-lingual, please list the language below.

Speak:	
Read:	
Write:	

Do you have the legal right to work in the United States?

Yes:	No:
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Have you ever been convicted of, pled guilty or no contest to, entered into deferred adjudication, pretrial diversion, or similar program for a criminal offense (including, but not limited to robbery, embezzlement, forgery, perjury, etc.) other than minor traffic offenses? All circumstances will be considered.

Yes:	No:
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**If yes, please explain below.*

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Please list any dental software you feel proficient in using.

Patient Care:

Please estimate the time you would need to complete the following tasks below. *Please list answers in minutes. (Please disregard if applying for RDA or Front Desk)*

Recall patient:	
New Patient:	
Debridement Patient:	
Scaling and Root Planing, two quadrants:	
Full Mouth Series:	

Patient Care:

If applying for RDA, please check all of the dental procedures you could confidently complete from start to finish. If applying for Front Desk/ Business Assistant, please check all procedures you feel confident explaining to a patient. (Please disregard if RDH)

Exams:		Restorative fillings:	
Periapicals:		Final Crowns:	
Bitewings:		Temporary Crowns:	
Panoramics:		Implants:	
Conebeams:		Root Canals:	
Sealants:		Extractions:	
Dentures:		Whitening:	
Veneers:		Bonding:	
Impressions:		Oral Hygiene Insts:	

Please check the specialties you are most comfortable with, if applying for RDA or Front Desk positions. (Please disregard if RDH)

General:	
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Pediatric:	
Cosmetic:	
Perio:	
Endo:	
Ortho:	
Oral Surgery:	

Information:

Please give a brief description of the skills and strengths you possess pertaining to the job you are applying for:

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Professional References:

Please list 3 professional references. Please include the following information. (Name of Office/Corporation, Reference's Name, Reference's phone and email. Relation to Reference, and Years Known.

	Office/Corp	Name	Phone/Email	Relation	Years known
Ref. 1					
Ref. 2					
Ref. 3					

Please read the following paragraphs and sign below.

I certify that I have not purposely withheld any information. I also attest to the fact that the answers given above are true and correct to the best of my knowledge and ability. I understand that any omission, including any misstatement, of material fact on this application or any document used to secure a possible position, can be grounds of rejection of application or immediate expulsion from Rise Dental Temp Agency.

I permit, Rise Dental Temp Agency to examine my references, record of employment, education, along with any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them.

Printed Name: _____

Signature: _____ Date: _____

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