

**Permanent Dental
Job Order**

Registration Form



3691 Old Yorktown Road Shrub Oak, NY 10588 914-245-3200 Fax 914-245-3888

Date: _____

Client/Group Name: _____

Employer Name and Contact Person: _____ Home#: _____

Specialty: _____

Billing Address: _____

Suite

City

State

Zip

Worksite/Corporate Address: _____

Suite

City

State

Zip

Phone: (____) _____ Ext. _____ Alternate #: _____ Fax: _____

Position Needed: _____ **Salary Range:** _____ **Email Address:** _____

Job Description: _____ **Website Address:** _____

Dental Skills Required: X-Rays Sterilization 4-Handed Assisting Sealants Scaling

Charting Impressions Set-Up/Break-Down Surgical Assisting -Type: _____

Infection Control

Front Desk Skills Required: Computers- List Software _____ Phone work

Supply Ordering/ Inventory Filing Collecting Payments Scheduling Appointments

Additional Skills: _____

Benefit Package: _____ Medical Plan: _____ Pension Plan: _____

Sick Days: _____ Vacation Time: _____ Personal Days: _____

Paid Holidays: _____ Uniform Allowance: _____

Experience Required? _____ If so, How many years? _____

Days and Hours required: Please circle

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Hours: _____

Start Date for Position: _____

Does your office comply with OSHA Regulations? _____

Please describe office setting, staff size, and any additional comments: _____

Please attach directions and parking instructions to registration form.

★ Signature of Employer: _____