**Employment Application:**

Please fill out the following application. Cover letter and CV are encouraged.

*An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.*

**PERSONAL INFORMATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                      \_\_\_\_\_\_\_\_\_\_

Mobile Phone # (s)\_\_\_\_\_\_\_\_\_\_               \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you eligible to work in the U.S?   \_  Yes    \_\_\_No

Are you at least 18 years or older?   \_  Yes     \_\_\_No

Have you ever been terminated from employment \_  Yes     \_\_\_No

Have you even been asked to resign by an employer? \_\_\_Yes  \_\_\_ No

Do you have a criminal record? \_\_\_Yes \_\_\_\_No

**If yes**, to termination, asked to resign, or criminal record please explain:

**Essential Functions**

Essential Functions for ALL YSS Employees:

* Desire to learn, work, and improve
* To take excellent and detailed notes
* Treat patients and caregivers with respect
* Treat co-workers with respect
* HIPPA Training and Compliance
* Following written and verbal instructions given by dentist.
* Work as a team
* Respond constructively to correction

Essential Functions for Assisted Oral Hygiene/Guided Oral Hygiene Provider:

* Complete necessary trainings: OSHA, Infection Control, Fraud Waste and Abuse, Oral Hygiene for patients with maladaptive behaviors, medical considerations for patients in long term care, teledentistry, SDF.
* Lifting at least 50lbs and safely moving heavy equipment on inclines
* Provide your own transportation to and from work sites
* Working on feet holding physically demanding positions.
* Knowing when to stop as to not cause harm to self-due to poor ergonomics.
* Knowing your scope of practice limitations and practicing within them.

Essential Functions for Hygienist:

* All functions of other team members, plus delivery of professional hygiene services and transport of instruments after proper training.

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? \_  \_Yes   \_\_\_No

If you are applying to be a hygienist, please provide your license number: \_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT DESIRED**

Date you can start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Why are you interested in this position? (TYPE ANSWER BELOW)**

**Please read carefully before signing.**

Your Special Smiles PLLC is an equal opportunity employer. Your Special Smiles PLLC does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Your Special Smiles PLLC to hire me. If I am hired, I understand that Your Special Smiles PLLC can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Your Special Smiles PLLC has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Your Special Smiles PLLC true and complete information on this application. No requested information has been concealed. I authorize Your Special Smiles PLLC to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.**