



DENTISTS

A root canal practice accepting
Medicaid/CHIP/most PPO Insurance

3860 W. Northwest Hwy Dallas, TX 75220 • P: 214-352-7668 • F: 214-352-7670

Please complete and email to Talent@bravodentaldallas.com

Please check position(s) that applies: ☐ Front Office
☐ Dental Assistant

** It is the policy of Root Canal Dentists to recruit and select candidates and promote on the basis of demonstrated ability, experience and training without regard to race, religion, color, sex, national origin, age, and disability, marital or veteran status. **

Name _____ Date _____
Email _____ Full time _____ Part time _____
Address _____
Home phone _____ Other phone _____
Date available to start work _____ Salary requirement _____
Days and Hours available _____ Years experience _____

Please describe your attendance and punctuality record at your most recent job:

Office skills _____
Endodontic experience: _____
Comfortable with entering treatment information on computer? _____
Experience with using digital radiography? _____ Systems used: _____
Able to place rubber dam? _____, Take x-ray with rubber dam in place? _____
Typing: _____ Wpm

Previous employment: (List last 3, most recent first)

1. Employer _____ Phone _____
Address _____
Dates _____ Salary _____
Reason for leaving _____
Can we call for reference? _____
2. Employer _____ Phone _____
Address _____
Dates _____ Salary _____
Reason for leaving _____
Can we call for reference? _____
3. Employer _____ Phone _____
Address _____
Dates _____ Salary _____
Reason for leaving _____
Can we call for reference? _____

Education:

Professional training: _____ completed _____ years, Graduated on _____
College: _____ completed _____ years, Graduated on _____
High school: _____ completed _____ years, Graduated on _____

Yes or No Have you been convicted of a criminal offense within the past 7 years? (A conviction will not automatically disqualify you from employment; we consider the nature of the offense, time elapsed, and its relevance to the position.) If yes, please explain: _____

Yes or No Have you ever been accused of, or charged with, discrimination and/or harassment in employment against anyone on the basis of race, sex (including sexual harassment and same-sex harassment), age, religion, disability, color, national origin, veteran's status, sexual orientation or any other basis prohibited by law. If yes, please explain the circumstances and the disposition: _____

Additional information: (Dental Assistant applicants only)

Are you a Texas board certified dental assistant? (Radiology, jurisprudence, infection control) _____, effective date _____
Are you Texas board certified for N2O administration? _____
Are you current with CPR requirements? _____
Have you had Hepatitis vaccine? _____
Do you smoke? _____

Agreement: (Please read carefully before signing)

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may be cause for rejection, or, if I am employed may be just cause for subsequent dismissal. I hereby authorize Root Canal Dentists to contact all sources necessary to verify this information and agree to hold harmless Root Canal Dentists and those providing information.

I understand that issuance of this application does not indicate that there are any positions open and does not in any way obligate the company. If I am employed by the company, I agree to comply with all policies and procedures of the company as condition of continued employment. Furthermore, my employment shall be completely voluntary and may be terminated at will, at any time upon notice by me or by the company.

I will regard and preserve as confidential, and will not divulge to unauthorized persons, or use for unauthorized purposes, either during or after the term of my employment, any information, matter, or things of a then secret, confidential, or private nature connected with the business or employees or the company.

Any offer or employment that is extended to me is contingent upon the successful completion of a background check.

I understand that when reporting to work I will furnish proof to legally work in the United States.
By typing my name below and emailing this completed application to Talent@bravodentaldallas.com, I agree that this constitutes my electronic signature and consent to electronic transmission of this information.

Signature of applicant

Date

Voluntary EEO Self-Identification (Optional)

Completing this section is voluntary and will not affect your application. It is used only for compliance reporting purposes and is kept separate from the hiring decision.

Gender: ☐ Male ☐ Female ☐ Prefer not to answer Veteran Status: ☐ Yes ☐ No
Disability Status: ☐ Yes ☐ No ☐ Prefer not to answer
Race/Ethnicity: _____