



Stockton Family & Cosmetic Dentistry, P.A. | Ruges F. Stockton, D.D.S. | Columbia, SC 29204

APPLICATION FOR EMPLOYMENT

Stockton Family & Cosmetic Dentistry, P.A., is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, or any other reason prohibited under Federal, State, or local laws.

Please type or print. This application must be legible, fully completed, signed and dated for consideration.

APPLICANT CONTACT INFORMATION

Name: _____
Last First Middle Initial

Other Names Used: _____

Address: _____
Street City State Zip Code

Phone: _____
Home Phone Cell Phone

Email Address: _____

QUESTIONS ABOUT APPLICANT

Position Desired Salary/Wage Desired Date Available

Type of Employment Desired: Full Time Part Time Temp/Seasonal On-Call

What days are you available to work (check all that apply):
 Sunday Monday Tuesday Wednesday Thursday Friday Saturday

What shifts are you available to work (check all that apply): Morning Afternoon Evening

Are you legally eligible for employment in the United States? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon Employment)

Are you 16 years of age or older? Yes No Date of Birth: _____

Have you applied or worked here before? Yes No If yes, when? _____

How did you hear about this position? _____

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EDUCATIONAL BACKGROUND

High School Education or GED passed? Yes No

If NO, please indicate highest grade completed:

8 9 10 11 12

College/University/Trade School	City/State	Units	Degree/Diploma	Major	Date

US Military Service	Branch	Rank	Dates of Service	Type of Discharge
<input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYMENT HISTORY

List all positions held, including part-time, summer and/or volunteer work and periods of employment for the last ten years; do not omit any employers. Explain any gaps in employment in comment section. If you are submitting a resume, you are still required to provide the requested information in the space provided. If self-employed, provide company name and at least two business references.

Current Employer	Dates Employed From:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name:	To:	If YES, Contact Name:
Telephone:		
Address:	Starting Salary	Ending Salary
Job Title:	Hourly <input type="text"/>	Hourly <input type="text"/>
	Weekly <input type="text"/>	Weekly <input type="text"/>
	Monthly <input type="text"/>	Monthly <input type="text"/>
Reason for Leaving:		
Responsibilities:		

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Current Employer	Dates Employed From:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name:	To:	If YES, Contact Name:
Telephone:		
Address:	Starting Salary	Ending Salary
	Hourly <input type="text"/>	Hourly <input type="text"/>
Job Title:	Weekly <input type="text"/>	Weekly <input type="text"/>
	Monthly <input type="text"/>	Monthly <input type="text"/>
Reason for Leaving:		
Responsibilities:		

Current Employer	Dates Employed From:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name:	To:	If YES, Contact Name:
Telephone:		
Address:	Starting Salary	Ending Salary
	Hourly <input type="text"/>	Hourly <input type="text"/>
Job Title:	Weekly <input type="text"/>	Weekly <input type="text"/>
	Monthly <input type="text"/>	Monthly <input type="text"/>
Reason for Leaving:		
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DENTAL LICENSES AND CERTIFICATIONS

License#	Date Earned	State Issued	Current through Date
X-Ray			
CDA			
EDDA/RDA			
RDH			
CPR			
HIPAA			
Other			

Relevant Experience and Skills

Office Skill	Y/N	Skill Level Fair/Good/Exc	Clinical Skill	Y/N	Skill Level Fair/Good/Exc
Typing			Tray Setup		
Bookkeeping			Four-Handed Dentistry		
Computer			Six-Handed Assisting		
Account/Collections			Take, Develop, Mount X-rays		
Tx Presentation			Pour and Trim Models		
Fee Presentation			Coronal Polish		
Dental Terminology			Fabricate/Cement Temp Crowns		
Insurance Processing			OSHA & Safety Regulations		
Scheduling			Plaque Control Instructions		
Customer Service			Periodontal Skills		
Charting			Orthodontic Skills		
Management			Oral Surgery Assisting		



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Please list languages spoken fluently, other than English:

Please list any additional pertinent skills, special training, certifications or qualifications:

Please list any other accomplishments, awards, professional groups of which you are a member, or additional information you would like us to consider:

Professional/Work References:

List name and telephone number of three professional/work references who are familiar with your work and not related to you.

Name, Title, Company, City, State	Name, Title, Company, City, State