APPLICATION FOR EMPLOYMENT

TEMP FILL-INS

Applicant's Name:

First: _____ **Middle:** _____ **Surname:** _____

Previous name known by:

First: _____ **Middle:** _____ **Surname:** _____

Personal details:

Mobile: _____ **Home:** _____

Email: _____

Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Verification purposes:

☐ Male ☐ Female ☐ Don't want to disclose

☐ Yes ☐ No Do you have a current Passport?

Which country is your Passport issue in? _____

Passport Number: _____

Date of Issue: _____ Expiry Date: _____

☐ Yes ☐ No Do you have a Current Driver's Licence? If yes, ***please attach a copy of your driver's licence***

Which state is your Driver's Licence issue in? _____

Expiry Date: _____ Driver's Licence Number: _____

☐ Yes ☐ No Full Licence

☐ Yes ☐ No Provisional Licence

☐ Yes ☐ No Learner Licence

Languages spoken:

☐ Yes ☐ No I confirm that my English language and communication skills are of a good standard

☐ Yes ☐ No Are you an Australian or New Zealand Citizen?

If you **are not** an Australian or New Zealand Citizen, what are your working rights in Australia?
Please attach a copy of your working visa - as a visa check will be required.

_____

_____

Travel Distance:

How far are you willing to travel to a job? (radius from your home) ☐ 30mins ☐ 45mins ☐ 60 mins

Are you willing to travel to country/rural locations? (fuel cost, travel time covered) ☐ Yes ☐ No ☐ Maybe

What is your mode of transport?

☐ Own Vehicle
☐ Do you have Comprehensive Insurance?
☐ Do you have Third Party Insurance?
☐ Access to reliable transport
☐ Planning to get a vehicle in the near future
☐ Public Transport

What role(s) are you applying for? *(please mark one or more)*

☐ Dental Assistant ☐ Dental Receptionist ☐ Dental Hygienist ☐ Oral Health Therapist

What type of work are you looking for? *(please mark one or more)*

☐ Labour Hire temporary work ☐ Permanent part-time work ☐ Permanent full-time work

Which days are you availability to work:

☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday
☐ Saturday
☐ Sunday
☐ I am a student with a structure schedule?
☐ I am a student with a changing schedule?
☐ I work casual or part-time employee with a structure schedule?
☐ I work casual or part-time employee with a changing schedule?
☐ I am a parent with a structure childcare schedule?
☐ I am a parent with a changing childcare schedule?
☐ Other please state:

How much notice are you required to give your current employer?

☐ None, I am ready to start now ☐ 1 week ☐ 2 weeks ☐ 3 weeks ☐ 4 weeks ☐ 5 weeks or more

If successful, when would be your first day to commence? _____

Which dental practice(s) **wouldn't** you work at? _____

_____

_____

How much do you think this position pays? $ _____

☐ **Resume/CV** ***(please attached as pdf or word format if applying via TEMP FILL-INS website)***

☐ **Cover Letter** ***(please attached as pdf or word format if applying via TEMP FILL-INS website)***

Dental Experience:

How long have you worked in the dental industry?

☐ 0-1 year	☐ 2-3 years	☐ 5-10 years	☐ 15-20 years
☐ 1-2 years	☐ 3-5 years	☐ 10-15 years	☐ 20+ years

Please tell us your skill/knowledge level with the following code:

Code:
X - no knowledge
1 – Weak
2 – Average
3 – Strong

Admin	Clinical	Dental Software Programs:
		D4W
		Exact
		Oasis
		Titanium
		Dentrix
		Momentum Management
		Open Dental
		Praktika
		Ultimo
		Other _____
		Hicaps
		Medicare

Have you worked in Specialist Practices?

	Endodontist
	Paediatrics
	Periodontist
	Prosthodontics
	Oral Surgery
	Orthodontist
	Other _____

Oral Health Therapist and Hygienist

	Working on Special Needs patients
	Working on Children as patients

General Dentistry:

	Infection Control (ADA guidelines)
	Four-handed Dentistry
	Composite Restorations
	Amalgam Fillings
	Crowns and Bridge work
	Cerec or similar
	Porcelain Veneers
	Composite Veneers
	Invisalign or similar
	Extractions
	Surgical Extractions
	RCT manually
	RCT rotary
	Local Anaesthetic (LA)
	Intravenous Sedation (IV)
	Nitro Oxide (RA)
	General Anaesthetic (GA)
	Implants Surgical Placements
	Implants Restorative (abutment, crown, bridge, denture)
	Which Implant systems are you familiar with:
	In house Lab work
	Tooth Whitening
	Which Tooth Whitening systems are you familiar with:

Qualification:

☐ Yes ☐ No **Have you completed a qualification?** ***if yes, please attached qualification as a pdf***

☐ Certificate III in Dental Assisting
☐ Certificate IV in Dental Assisting
☐ Certificate in Dental Nursing Studies
☐ Advanced Diploma of Oral Hygiene (Dental Hygiene)
☐ Degree of Bachelor of Oral Health

☐ **Hygienist and Oral Health Therapist Accreditation:**
please attached the following as pdf
☐ Dental Board of Australia Dental Practitioner Registration
☐ Indemnity Insurance
☐ Radiation Licence
☐ Other registrations

Legal Requirements for Child Safety Legislation purposes in South Australia:

☐ Yes ☐ No Have there been any changes to your criminal history since you last applied for a DCSI/DHS clearance?

☐ ****For TEMP FILL-INS employees a DHS Working with Children Check is required for employment purposes. If you do not have a current DHS clearance, please tick this box and a link can be emailed to you do this online. Your Date of Birth is required for this process _____***

☐ ***DHS Working with Children Check*** *(5 years expiry)*

Full name on clearance:
_____

Unique ID: SRN _____ ***Date of Issue:*** _____ ***Date of Birth*** _____

☐ **DCSI child-related employment screening** ***(3 years expiry)***
TEMP FILL-INS will accept this until it expires and then will be requiring a DHS Working with Children Check

Full name on clearance:
_____

Reference Number _____ ***Date of Issue:*** _____ ***Date of Birth*** _____

☐ **DHS vulnerable person-related employment screening** *(3 years expiry)*
(Requirement for Dental Hygienist and Oral Health Therapist)

Full name on clearance:
_____

Reference Number _____ ***Date of Issue:*** _____ ***Date of Birth*** _____

☐ **DHS aged care sector employment screening** ***(3 years expiry)***
(Requirement for Hygienist and Oral Health Therapist)

Full name on clearance:
_____

Reference Number _____ ***Date of Issue:*** _____ ***Date of Birth*** _____

☐ **DHS disability services employment screening** *(3 years expiry)*

Full name on clearance:
_____

Reference Number _____ ***Date of Issue:*** _____ ***Date of Birth*** _____

MEDICAL HISTORY:

☐ Yes	☐ No	Is there anything about your health or physical capacity, which may affect your ability to carry out the requirement of this position? _____
☐ Yes	☐ No	Do you know your current* Hepatitis B immunity?
☐ Yes	☐ No	Do you know your current* Hepatitis C serological status?
☐ Yes	☐ No	Do you know your current* HIV serological status?
☐ Yes	☐ No	Do you have an impairment that detrimentally affect, or is likely to affect, your capacity to practise the profession?
☐ Yes	☐ No	Have you been, or are you currently, the subject of conduct, performance or health proceedings whilst registered under the National Law, or the law of another country, where those proceedings were not finalised?

*(*current last 12 months)*

DENTAL REFERENCES: *(please provide a minimum of 3 references)*

☐ Referee 1: *Have you asked your referee permission to give a reference check on your behalf?*

Name: _____ Contact Number: _____

Company: _____ Title/Position: _____

Email Address: _____

☐ Referee 2: *Have you asked your referee permission to give a reference check on your behalf?*

Name: _____ Contact Number: _____

Company: _____ Title/Position: _____

Email Address: _____

☐ Referee 3: *Have you asked your referee permission to give a reference check on your behalf?*

Name: _____ Contact Number: _____

Company: _____ Title/Position: _____

Email Address: _____

CONSENT: *(initial in boxes)*

☐	I declare that all statements made in this application are true and correct.
☐	I am the person named in this application.
☐	I consent to TEMP FILL-INS conducting reference checks on my employment history.

Signature: _____ **Date:** _____

Name: _____