

APPLICATION FOR EMPLOYMENT



Applicant's Name:

First: _____ Middle: _____ Surname: _____

Previous name known by:

First: _____ Middle: _____ Surname: _____

Personal details:

Mobile: _____ Home number: _____

Email: _____

Address: _____

Suburb: _____ Postcode: _____

Sex: Female Male

Languages spoken: _____

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

Are you an Australian or New Zealand Citizen? Yes No

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 and passport - as a visa check will be required.

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 of more)*

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

Which days are you availability to work:

<input type="checkbox"/> Monday	<input type="checkbox"/> I am a student with a structure schedule?
<input type="checkbox"/> Tuesday	<input type="checkbox"/> I am a student with a changing schedule?
<input type="checkbox"/> Wednesday	<input type="checkbox"/> I work casual or part-time employee with a structure schedule?
<input type="checkbox"/> Thursday	<input type="checkbox"/> I work casual or part-time employee with a changing schedule?
<input type="checkbox"/> Friday	<input type="checkbox"/> I am a parent with a structure childcare schedule?
<input type="checkbox"/> Saturday	<input type="checkbox"/> I am a parent with a changing childcare schedule?
<input type="checkbox"/> Sunday	<input type="checkbox"/> Other

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 his position pays? \$_____

How far are you willing to travel to a job? _____ minutes radius from your home.

What is your mode of transport?

Car Public Transport Planning to get a vehicle in the near future

Do you have a current Australian driver's licence?

Yes No International Driver's Licence

- Resume/CV** *(please attached as pdf or word format)*
- Cover Letter** *(please attached as pdf or word format)*

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

Qualification:

Have you completed a qualification? No Yes *(please attached qualification as a pdf)*

- Certificate III in Dental Assisting
- Certificate IV in Dental Assisting
- Certificate in Dental Nursing Studies
- Diploma of Oral Hygiene
- Degree of Bachelor of Oral Health

Hygienist and Oral Health Therapist - Registration evidence: *(please attached 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:

Have there been any changes to your criminal history since you last applied for a police clearance? Yes No

Do you have a **current:** (current is within 3 years of issue date) *(please attached your current clearances as pdf)*

DCSI child-related employment screening? (Requirement for all* TEMP FILL-INS employees)

**For TEMP FILL-INS employees a DCSI clearance is required for employment purposes. If you do not have a current DCSI clearance, please tick this box and a link can be emailed to you do this online. I will need your Date of Birth for this process ____/____/____*

- National Police Clearance SAPOL Sensitive Personal Children/Vulnerable?
- DCSI vulnerable person-related employment screening? (Requirement for Dental Hygienist and Oral Health Therapist)
- DCSI aged care sector employment screening? (Requirement for Dental Hygienist and Oral Health Therapist)
- DCSI disability services employment screening?

Please tell us your skill level with the following key:

Code: X - no knowledge 1 - weak 2 - average 3 - strong

General Dentistry:

Have you worked in Specialist Practices? (use code)

- Infection Control (ADA guidelines)
- Four-handed Dentistry
- Composite Restorations
- Amalgam Fillings
- Crowns and Bridge work
- Cerec or similar
- Porcelain Veneers
- Composite Veneers
- RCT – manually
- RCT – rotary
- Invisalign or similar
- Extractions
- Surgical Extractions
- Implants surgical placements
- Implants restorative (abutment and crown)
- Implant systems are you familiar with?

- Endodontist
- Paediatrics
- Periodontist
- Prosthodontics
- Oral Surgery
- Orthodontist
- Other

Dental Software Programs: (use code)

- | | | | | |
|----------|--------------------------|----------|--------------------------|-------|
| D4W | <input type="checkbox"/> | Clinical | <input type="checkbox"/> | Admin |
| Exact | <input type="checkbox"/> | Clinical | <input type="checkbox"/> | Admin |
| Oasis | <input type="checkbox"/> | Clinical | <input type="checkbox"/> | Admin |
| Titanium | <input type="checkbox"/> | Clinical | <input type="checkbox"/> | Admin |
| Other | <input type="checkbox"/> | Clinical | <input type="checkbox"/> | Admin |

- General Anaesthetic (GA)
- Intravenous Sedation (IV)
- Nitro Oxide (RA)
- Tooth Whitening *which systems*
- In house Lab work

Hicaps yes no

MEDICAL HISTORY:

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?

Yes No

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: _____

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

Reference 1:

Name: _____ Contact number: _____

Company: _____ Title/Position: _____

Email Address: _____

Reference 2:

Name: _____ Contact number: _____

Company: _____ Title/Position: _____

Email Address: _____

Reference 3:

Name: _____ Contact number: _____

Company: _____ Title/Position: _____

Email Address: _____