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

Do you have a current Driver's Licence?

☐ Full Licence ☐ Provisional Licence ☐ Learner Licence ☐ No Licence

Do you have a current Passport?

☐ No ☐ Yes Which country is your Passport issue in? _____

Passport Number: _____

Date of Issue: _____ Expiry Date: _____

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

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

If no, what are your working rights in Australia? _____

LEGAL REQUIREMENTS FOR CHILD SAFETY LEGISLATION PURPOSES IN SOUTH AUSTRALIA:

☐ No ☐ Yes Have there been any changes to your criminal history since your previous DHS clearance?

DHS Working with Children Check is a *legal requirement* for employment in South Australia Dental Industry

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

Full name on clearance: _____

Unique ID: SRN _____ ***Date of Issue:*** _____ / _____ / _____ ***Date of Birth:*** _____ / _____ / _____
Day Month Year Day Month Year

☐ ***Please email me a link to do DHS working with children check:*** *Date of Birth is required:* _____ / _____ / _____
Day Month Year

Travel Distance:

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

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

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?

☐ Dental Assistant ☐ Dental Receptionist

What type of work are you looking for?

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

Which days are you availability to work:

Am	Pm	Full	
☐	☐	☐	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 ☐ 1 week ☐ 2 weeks ☐ 3 weeks or more

How much do you think this position pays? $ _____

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

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

_____

_____

QUALIFICATION:

Have you completed a dental assistant qualification?

☐ No, I have Dental Assistant experience
☐ Yes, Certificate III in Dental Assisting
☐ Yes, Certificate IV in Dental Assisting
☐ Yes, Certificate in Dental Nursing Studies

DENTAL ASSISTANT EXPERIENCE:

How long have you worked as a dental assistant?

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

SKILL SET:

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

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

General Dentistry	Clinical	Admin	Dental Software
Infection Control (ADA guidelines)			D4W
Four-handed Dentistry			Exact
Composite Restorations			Oasis
Amalgam Fillings			Titanium
Crowns and Bridge work			Dental.net
Cerec or similar			Core Practice
Porcelain Veneers			Dentally
Composite Veneers			Momentum Management
Invisalign or clear aligners			Open Dental
Orthodontic treatments			Praktika
Extractions			Ultimo
Surgical Extractions			Other _____
RCT manually			Hicaps
RCT rotary			Medicare
Implants Surgical Placements			Government Forms
Implants Restorative: abutment, crown, bridge, denture			
Tooth Whitening In House			
Tooth Whitening Take Home			
In house Lab work			
Local Anaesthetic (LA)			
Intravenous Sedation (IV)			
Nitrous Oxide (RA)			
General Anaesthetic (GA)			
Working on children as patients			
Working on special needs patients			

Have you worked in a Specialist Practice?

No	Yes	
		Endodontist
		Paediatrics
		Periodontists
		Prosthodontics
		Oral Surgery
		Orthodontists
		Other

Which Implant systems are you familiar with?

Which Tooth Whitening systems are you familiar with?

MEDICAL HISTORY: **current last 3 years*

☐ No	☐ Yes	Do you know your current* Hepatitis B immunity?
☐ No	☐ Yes	Do you know your current* Hepatitis C serological status?
☐ No	☐ Yes	Do you know your current* HIV serological status?
☐ No	☐ Yes	Do you have an impairment that detrimentally affect, or is likely to affect, your capacity to practise the profession?
☐ No	☐ Yes	Have you been or 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?
☐ No	☐ Yes	Is there anything about your health or physical capacity, which may affect your ability to carry out the requirement of this position? _____

Please attached the following as pdf or word format:

☐ **Cover Letter and Resume/CV**
☐ **DHS Working with Children Check**
☐ **Qualification/Transcript** *(if qualified)*
☐ **Immigration Visa** *(if applicable, as a visa check will be required)*

CONSENT:

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

Signature: _____ **Date:** _____

Name: _____

DENTAL 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: _____