

Application for Employment

We appreciate your interest in Washington Dental Service. Please complete the application inside. The information you provide will assist us in evaluating your qualifications for possible employment.

Washington Dental Service, the originator of group dental plans, began operations in the state of Washington in 1954. Today we are the largest dental care contractor in the state, committed to meeting the challenges of cost-effective programs, quality service and continuous improvement.

Washington Dental Service conducts a reference and general background check prior to extending a final offer of employment to an applicant. All employment offers are conditioned upon the results of the reference and general background check and may be revoked if, in the discretion of WDS, the results of the reference and general background check are unsatisfactory. No offer of employment will be extended to an applicant who does not consent to a reference and general background check.

Washington Dental Service is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, sexual orientation, political ideology, veteran status, disability status or any other basis prohibited by federal, state or local law.



Washington Dental Service is a member of the Delta Dental Plans Association

9706 4th Ave NE | Seattle, WA 98115 | (206) 522-1300

www.deltadentalwa.com

Personal Information

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Email _____

Phone Number _____ Alternate Phone Number _____

Position Applied For _____ Date Available _____

Are you over the age of 18? Yes No Will visa or immigration status prevent lawful employment? Yes No

Education

Name of School	Location	Course of Study	# of Years Completed	Diploma or Degree
High School				
College				
College				
Other				

Experience & Skills

Check the skills in which you are experienced:

- Dental Office Experience
 Chair Side Front Office

Years _____ Months _____

Typing, WPM _____

10 Key, Touch/Sight _____

Software and Programs:

- Word Excel PowerPoint Access Outlook

Other Skills: _____

List any technical skills or qualifications you feel would qualify you for a position with Washington Dental Service:

Employment History (please begin with your present or most recent employer)

Company				From (mo/yr)	To (mo/yr)
Address	City	State	Zip	Supervisor	
Title				Phone Number	
Starting Salary	Ending Salary			Reason for Leaving	
Duties					

Company				From (mo/yr)	To (mo/yr)
Address	City	State	Zip	Supervisor	
Title				Phone Number	
Starting Salary	Ending Salary			Reason for Leaving	
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Duties					

May we contact your present employer? Yes No

Please indicate those individuals you do NOT want us to contact at your present employer: _____

Have you ever been convicted of a crime? Yes No *Note: Conviction will not necessarily disqualify an applicant from employment.*

If yes, explain: _____

Any offer of employment will be contingent upon our checking with your references and receiving an acceptable criminal background, consumer credit and investigative report.

Read carefully and sign: I certify that the answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge. I understand that, if I am employed, discovery that I gave false or misleading information may result in immediate dismissal. I authorize Washington Dental Service to contact any and all former employers, personal references, and private or public agencies named in this application to obtain any job-related information they may have regarding my employment and/or character. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. I understand and I agree that my employment and compensation can be terminated with or without cause and without notice at any time, at the option of Washington Dental Service or myself. I understand that no representative of Washington Dental Service, other than the president, has any authority to enter into any agreement contrary to the foregoing.

If employed, I further agree that if Washington Dental Service advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage or fail to return any company property, the company is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

Signature of Applicant _____ Date _____