



### **An Equal Opportunity Employer**

Lotus Orthodontics and Periodontics is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

*Please print and fill out all sections and fax to 503-467-5592 or scanned and e-mail it to [info@DrFrankHsieh.com](mailto:info@DrFrankHsieh.com)*

### **Applicant Information**

Applicant Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Other \_\_\_\_\_

Email Address \_\_\_\_\_

Current Address:

Number and street \_\_\_\_\_

City \_\_\_\_\_

State & Zip \_\_\_\_\_

How were you referred to Lotus Orthodontics and Periodontics?: \_\_\_\_\_

### **Employment Positions**

Position(s) applying for: \_\_\_\_\_

### **Are you applying for:**

- Temporary work – such as summer or holiday work? [  ]Y or [  ]N
- Regular part-time work? [  ]Y or [  ]N
- Regular full-time work? [  ]Y or [  ]N

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, when will you be available? \_\_\_\_\_

If hired, on what date can you start working? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Can you work on the weekends? [ ]Y or [ ]N

Can you work evenings? [ ]Y or [ ]N

Are you available to work overtime? [ ]Y or [ ]N

Salary desired: \$\_\_\_\_\_

**Personal Information:**

Have you ever applied to / worked for Lotus Orthodontics and Periodontics before? [ ]Y or [ ]N, If yes, please explain (include date): \_\_\_\_\_

If hired, would you have transportation to/from work? [ ]Y or [ ]N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) [ ]Y or [ ]N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [ ]Y or [ ]N

If hired, are you willing to submit to and pass a controlled substance test? [ ]Y or [ ]N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [ ]Y or [ ]N, If no, describe the functions that cannot be performed: \_\_\_\_\_

*(Note: Lotus Orthodontics and Periodontics complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [ ]Y or [ ]N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

**Education, Training and Experience**

**High School:**

School name: \_\_\_\_\_  
School address: \_\_\_\_\_  
School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_  
Did you graduate? [ ]Y or [ ]N  
Degree / diploma earned: \_\_\_\_\_

**Vocational School:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_  
Did you graduate? [ ]Y or [ ]N  
Degree / diploma? : \_\_\_\_\_

Do you have certificate of Expanded Function Dental Assistants (EFDA)? [ ]Y or [ ]N, if no, when do you expect to **receive** the certificate? \_\_\_\_\_; Date of application mailed: \_\_\_\_\_

Do you have certificate of Expanded Functions -- Orthodontic Assistant (EFODA)? [ ]Y or [ ]N, if no, when do you expect to receive the certificate? \_\_\_\_\_; Date of application mailed: \_\_\_\_\_

Do you have X-ray proficiency certificate? [ ]Y or [ ]N, if no, when do you expect to receive the certificate? \_\_\_\_\_; Date of application mailed: \_\_\_\_\_

**College / University:**

School name: \_\_\_\_\_  
School address: \_\_\_\_\_  
School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_  
Did you graduate? [ ]Y or [ ]N  
Degree / diploma earned: \_\_\_\_\_

**2<sup>nd</sup> College / University:**

School name: \_\_\_\_\_  
School address: \_\_\_\_\_  
School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_  
Did you graduate? [ ]Y or [ ]N  
Degree / diploma earned: \_\_\_\_\_

**Military:**

Branch: \_\_\_\_\_  
Rank in Military: \_\_\_\_\_  
Total Years of Service: \_\_\_\_\_  
Skills/duties: \_\_\_\_\_  
Related details: \_\_\_\_\_

**Additional Information**

Do you speak, write or understand any foreign languages? [ ]Y or [ ]N

If yes, describe which language(s) and how fluent of a speaker you consider yourself to be.  
\_\_\_\_\_

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? [ ]Y or [ ]N, If yes, please explain \_\_\_\_\_

**Employment History**

Are you currently employed? [ ]Y or [ ]N

If you are currently employed, may we contact your current employer? [ ]Y or [ ]N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: [ \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references? [ ]Y or [ ]N

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references? [ ]Y or [ ]N

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references? [ ]Y or [ ]N

**References**

List below three persons who have knowledge of your work performance within the last **four** years.  
Please include professional references only.

Name - First, Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

Name - First, Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

Name - First, Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

**Please Read and Initial Each Paragraph, then Sign Below**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this Lotus Orthodontics and Periodontics, terms for my immediate expulsion from the Lotus Orthodontics and Periodontics. Initial \_\_\_\_\_

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the Lotus Orthodontics and Periodontics. Initial \_\_\_\_\_

I permit the Lotus Orthodontics and Periodontics to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the Lotus Orthodontics and Periodontics, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation. Initial \_\_\_\_\_

I understand that after successful interview, I will permit the Lotus Orthodontics and Periodontics to conduct background checks and, credit reports because I understand that cross-training is necessary and I might handle the money at the front desk. Both your birth date and social security number will be required for background checks and credit reports) Initial \_\_\_\_\_

I understand that I can withdraw the application if there is information I would rather not see disclosed. Initial \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_