

# AGAVI

## DENTAL STUDIO

### EMPLOYMENT APPLICATION

AGAVI Dental Studio is an equal opportunity employer. We consider all applicants without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, veteran status, or any other legally protected status. This application will be given every consideration; however, completion does not guarantee employment.

#### SECTION 01

### POSITION INFORMATION

#### POSITION(S) APPLIED FOR

- Dental Assistant
  Office Manager
  Front Desk / Receptionist  
 Dental Hygienist
  Other

IF OTHER, SPECIFY

DATE AVAILABLE

DESIRED SALARY / HOURLY RATE

EMPLOYMENT Position DESIRED

- Full-Time
  Part-Time

HOW DID YOU HEAR ABOUT THIS POSITION?

#### SECTION 02

### PERSONAL INFORMATION

FULL LEGAL NAME (LAST, FIRST, MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

ALTERNATE PHONE

EMAIL ADDRESS

Are you at least 18 years of age?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

Will you, now or in the future, require visa sponsorship?  Yes  No

SECTION 03

## EDUCATION

HIGHEST LEVEL COMPLETED

High School / GED  Associate’s Degree  Bachelor’s Degree  Master’s or Higher  Trade/Vocational

SCHOOL / PROGRAM 1

SCHOOL NAME

CITY, STATE

DEGREE / DIPLOMA / CERTIFICATE

YEAR COMPLETED

GPA (OPTIONAL)

SCHOOL / PROGRAM 2

SCHOOL NAME

CITY, STATE

DEGREE / DIPLOMA / CERTIFICATE

YEAR COMPLETED

GPA (OPTIONAL)

SCHOOL / PROGRAM 3

SCHOOL NAME

CITY, STATE

DEGREE / DIPLOMA / CERTIFICATE

YEAR COMPLETED

GPA (OPTIONAL)

SECTION 04

## CERTIFICATIONS & LICENSES

List all current dental, medical, or professional certifications and licenses.

CERTIFICATION / LICENSE 1

CERTIFICATION / LICENSE NAME

ISSUING BODY

LICENSE / CERT NUMBER

DATE ISSUED

EXPIRATION DATE

CERTIFICATION / LICENSE 2

CERTIFICATION / LICENSE NAME

ISSUING BODY

LICENSE / CERT NUMBER

DATE ISSUED

EXPIRATION DATE

CERTIFICATION / LICENSE 3

CERTIFICATION / LICENSE NAME

ISSUING BODY

LICENSE / CERT NUMBER

DATE ISSUED

EXPIRATION DATE

- Current CPR / BLS Certification?  Yes  No
- Registered Dental Assistant (RDA)?  Yes  No
- Dental Radiology Certification?  Yes  No
- OSHA/Infection Control Training?  Yes  No

Exp. Date: \_\_\_\_\_

License #: \_\_\_\_\_

SECTION 05

**Skills & PROFICIENCIES**

*Check all that apply to your experience.*

**GENERAL CLINICAL SKILLS (DENTAL ASSISTANT / HYGIENIST)**

- |   |   |
|---|---|
| <input type="checkbox"/> Four-handed dentistry                      | <input type="checkbox"/> Digital radiography (sensors / Pano) |
| <input type="checkbox"/> Intraoral scanning (iTero, 3Shape, etc.)   | <input type="checkbox"/> Impressions & temporaries            |
| <input type="checkbox"/> Sterilization & instrument processing      | <input type="checkbox"/> Chairside cosmetic procedures        |
| <input type="checkbox"/> Coronal polishing                          | <input type="checkbox"/> Sealant application                  |
| <input type="checkbox"/> Surgical assisting (extractions, implants) | <input type="checkbox"/> Whitening systems                    |
| <input type="checkbox"/> Nitrous oxide monitoring                   | <input type="checkbox"/> Intraoral & extraoral photography    |

**ORTHODONTIC & CLEAR ALIGNER SKILLS**

- |  |   |
|--|---|
| <input type="checkbox"/> Placing & removing orthodontic separators             | <input type="checkbox"/> Assisting with bracket bonding (direct & indirect)     |
| <input type="checkbox"/> Placing & removing archwires, ligatures, and elastics | <input type="checkbox"/> Clear aligner workflow (attachment templates, seating) |
| <input type="checkbox"/> Interproximal reduction (IPR)                         | <input type="checkbox"/> Orthodontic records & case documentation               |

**DIGITAL FABRICATION & 3D PRINTING**

- |   |   |
|---|---|
| <input type="checkbox"/> Dental 3D printing (build platform setup, resin selection, job monitoring) | <input type="checkbox"/> 3D print post-processing (washing, UV curing, support removal, quality inspection) |
| <input type="checkbox"/> Aligner & appliance fabrication  |   |

**ADMINISTRATIVE / FRONT OFFICE SKILLS**

- |   |  |
|---|--|
| <input type="checkbox"/> Practice management software (specify below) | <input type="checkbox"/> Insurance verification & billing    |
| <input type="checkbox"/> Treatment plan presentation                  | <input type="checkbox"/> Patient scheduling & recall         |
| <input type="checkbox"/> Accounts receivable / collections            | <input type="checkbox"/> HIPAA compliance procedures         |
| <input type="checkbox"/> New patient intake & onboarding              | <input type="checkbox"/> Microsoft Office / Google Workspace |

**PRACTICE MANAGEMENT SOFTWARE EXPERIENCE (E.G., DENTRIX, EAGLESOFT, OPEN DENTAL, CURVE)**

**OTHER RELEVANT SKILLS OR TECHNOLOGY PROFICIENCIES**

**LANGUAGES SPOKEN**

SECTION 06

# EMPLOYMENT HISTORY

List your most recent employers first. Include all dental-related positions.

**EMPLOYER 1 — MOST RECENT**

EMPLOYER NAME		PHONE NUMBER
<hr/>		
ADDRESS (CITY, STATE)		
<hr/>		
JOB TITLE	FROM (MO/YR)	TO (MO/YR)
<hr/>		
SUPERVISOR NAME	REASON FOR LEAVING	
<hr/>		
DUTIES & RESPONSIBILITIES		
<hr/>		

May we contact this employer?  Yes  No

**EMPLOYER 2**

EMPLOYER NAME		PHONE NUMBER
<hr/>		
ADDRESS (CITY, STATE)		
<hr/>		
JOB TITLE	FROM (MO/YR)	TO (MO/YR)
<hr/>		
SUPERVISOR NAME	REASON FOR LEAVING	
<hr/>		
DUTIES & RESPONSIBILITIES		
<hr/>		

May we contact this employer?  Yes  No

**EMPLOYER 3**

EMPLOYER NAME		PHONE NUMBER
<hr/>		
ADDRESS (CITY, STATE)		
<hr/>		
JOB TITLE	FROM (MO/YR)	TO (MO/YR)
<hr/>		
SUPERVISOR NAME	REASON FOR LEAVING	
<hr/>		
DUTIES & RESPONSIBILITIES		
<hr/>		

May we contact this employer?  Yes  No

SECTION 07

**AVAILABILITY**

Indicate the days and hours you are available to work.

DAY	AVAILABLE?	FROM	TO
Monday	<input type="checkbox"/>		
Tuesday	<input type="checkbox"/>		
Wednesday	<input type="checkbox"/>		
Thursday	<input type="checkbox"/>		
Friday	<input type="checkbox"/>		
Saturday	<input type="checkbox"/>		

SECTION 08

**PROFESSIONAL REFERENCES**

Provide three professional references (not family members).

**REFERENCE 1**

<b>NAME</b>	<b>RELATIONSHIP / TITLE</b>
_____	_____
<b>PHONE NUMBER</b>	<b>EMAIL ADDRESS</b>
_____	_____

**REFERENCE 2**

<b>NAME</b>	<b>RELATIONSHIP / TITLE</b>
_____	_____
<b>PHONE NUMBER</b>	<b>EMAIL ADDRESS</b>
_____	_____

**REFERENCE 3**

<b>NAME</b>	<b>RELATIONSHIP / TITLE</b>
_____	_____
<b>PHONE NUMBER</b>	<b>EMAIL ADDRESS</b>
_____	_____

SECTION 09

**EMERGENCY CONTACTS**

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NAME

RELATIONSHIP

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PHONE NUMBER

ALTERNATE PHONE

---

NAME

RELATIONSHIP

---

PHONE NUMBER

ALTERNATE PHONE

---

SECTION 10

**ADDITIONAL QUESTIONS**

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Have you ever been employed by AGAVI Dental Studio before?  Yes  No

Have you ever been terminated or asked to resign from a position?  Yes  No

IF YES, PLEASE EXPLAIN

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WHAT MAKES YOU INTERESTED IN THIS POSITION?

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WHY ARE YOU INTERESTED IN WORKING AT AGAVI DENTAL STUDIO?

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SECTION 11

## GROWTH MINDSET & ADAPTABILITY

*AGAVI Dental Studio integrates advanced technology and modern clinical workflows that may differ from traditional dental practices. We value team members who are eager to learn, open to feedback, and excited to grow alongside the practice.*

DESCRIBE A TIME YOU HAD TO LEARN A NEW SKILL, TECHNOLOGY, OR PROCEDURE ON THE JOB. HOW DID YOU APPROACH IT?

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HOW DO YOU TYPICALLY RESPOND WHEN ASKED TO CHANGE THE WAY YOU'VE ALWAYS DONE SOMETHING?

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WHAT AREAS OF DENTISTRY OR PROFESSIONAL DEVELOPMENT ARE YOU MOST INTERESTED IN GROWING INTO?

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Are you comfortable being trained in new technology and equipment not commonly found in other dental offices?  Yes  
 No

Are you open to receiving regular constructive feedback as part of your professional development?  
 Yes  No

## SECTION 12

**BACKGROUND CHECK AUTHORIZATION**

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I hereby authorize AGAVI Dental Studio to conduct a background investigation, which may include verification of employment history, education, professional licenses, personal references, criminal history, and any other information relevant to my qualifications for the position(s) applied for. I understand that any offer of employment is contingent upon the satisfactory completion of this background check. I release AGAVI Dental Studio and all persons or entities providing information from any liability arising from this investigation.

I have read and agree with the above authorization.  Yes  No

## SECTION 13

**ATTESTATION & SIGNATURE**

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I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts may be cause for denial of employment or immediate dismissal if employed, regardless of when discovered.

I understand that this application does not constitute a contract of employment and that, if hired, my employment is at-will and may be terminated by either party at any time, with or without cause or notice, unless otherwise provided by law or a written agreement signed by an authorized representative of AGAVI Dental Studio.

I authorize AGAVI Dental Studio to contact any references, employers, or educational institutions listed above.

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APPLICANT SIGNATURE

PRINTED NAME

DATE