



## San Joaquin Dental Society Employment Referral Service

The following information gives you details on how the San Joaquin Dental Society employment referral service functions. The employment referral service is just that ... a service to the auxiliaries seeking employment and the members of the dental society looking for staff.

### **Effective 3/7/91 the Board of Directors of the San Joaquin Dental Society established the following guidelines for the Auxiliary Employment Referral Service:**

1. There is no charge to dental auxiliaries who wish to register with the San Joaquin Dental Society's Auxiliary Employment Referral Service.
2. Auxiliaries must complete the attached application and return it to the office of the San Joaquin Dental Society.
3. Applicants may attach resumes or letters of recommendations to their completed applications.
4. All applications will be kept in an "active" file for a period of one (1) month from the date received in the Society Office.
5. **IMPORTANT!** - It is the responsibility of each applicant to notify the San Joaquin Dental Society at the end of one (1) month if they have not been employed and wish to have their application placed in the "active" file for one (1) more month. (This process may continue until the applicant is employed.)
6. All expired applications will be dropped from the "active" file and placed in an "inactive" file for one (1) month. At the end of the inactive period the application will be discarded.
7. Applicants will not receive a list of member dentists who have auxiliary positions available in their office.
8. It will be the policy of the Society not to maintain a list of members who have positions available in their office, but rather to mail copies of "active" auxiliary applications to members upon request.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE ABOVE, PLEASE DISCUSS THEM WITH THE STAFF OF THE SAN JOAQUIN DENTAL SOCIETY (951-1311).

**Complete the application below and return it to the Dental Society. If you have a resume to submit with your application, please do so.**

**Mail: San Joaquin Dental Society, 7849 N. Pershing Ave., Stockton, CA**

**FAX: 209-951-1321**

## San Joaquin Dental Society - Employment Referral Information

**Please Print**

**Position Applying for:**  DA  RDA  RDAEF  RDH  RDHEF  Recept.  Office Mgr.  Other \_\_\_\_\_  
 RDA Specializing in: \_\_\_\_\_

Total Years of experience in the above position? \_\_\_\_\_ Years \_\_\_\_\_ Months

**NAME** \_\_\_\_\_ How soon could you start work? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Message Phone ( ) \_\_\_\_\_  Friend  Relative

**Cities you will work in:**  Stockton  Lodi  Manteca  Tracy  Sonora  San Andreas  Other \_\_\_\_\_

Are you seeking  Full-time  Part-time Will you work evenings?  Yes  No

Are you willing to do "temporary work" while seeking a permanent position?  Yes  No

### Education

Last High School Attended: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Years Completed: \_\_\_\_\_

College, Trade or Specialty Training:

Name \_\_\_\_\_ Location \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Degree/Certification \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Degree/Certification \_\_\_\_\_

Dental Certificates or Licenses (Renewal date and license number):

X-ray Certification Date \_\_\_\_\_  Coronal Polishing Date \_\_\_\_\_  CPR Renewal Date \_\_\_\_\_

RDA Renewal Date \_\_\_\_/\_\_\_\_ License # \_\_\_\_\_  RDH Renewal Date \_\_\_\_/\_\_\_\_ License # \_\_\_\_\_

### Previous Employment (List most recent position first)

Name of Employer	Address, City, State & Phone	Last Position Title	Date Hired	Date Departed	Reason for Leaving
<input type="checkbox"/> GP <input type="checkbox"/> Specialist:					
<input type="checkbox"/> GP <input type="checkbox"/> Specialist:					
<input type="checkbox"/> GP <input type="checkbox"/> Specialist:					
<input type="checkbox"/> GP <input type="checkbox"/> Specialist:					

Are you currently employed  Yes  No

Do you have any objection if a potential employer wants to contact a prior employer?  Yes  No Signature \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you have any objection to being listed on our website "auxiliaries seeking employment"?  Yes  No Signature \_\_\_\_\_

If you are bilingual, please list language(s): \_\_\_\_\_

**IMPORTANT INFORMATION FOR APPLICANT -- READ CAREFULLY BEFORE SUBMITTING APPLICATION TO THE SAN JOAQUIN DENTAL SOCIETY:**

1. Your application will be placed in our active file for a period of one (1) month. If after one (1) month, you have not been employed, it is your responsibility to contact the San Joaquin Dental Society to advise the staff to keep your application active.
2. In order to establish good business ethics, and prevent a conflict of interest for our Society staff, it is the policy of the San Joaquin Dental Society that an applicant who is currently employed by a member of this Society, and has not provided notice of separation to that employer, will not be placed on the active referral service. (Upon notice to your current employer, please contact the Society office and your application will be activated.)
3. Your application will be distributed to members of the San Joaquin Dental Society upon request.

I understand that information on this application is subject to verification. Further, I understand that any false statements or omissions may be cause for dismissal by an employer. Signature \_\_\_\_\_ Date \_\_\_\_\_