

## Placement Application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last name                      First name                      Middle initial

\_\_\_\_\_  
Street address                      City                      State                      Zip

\_\_\_\_\_  
Best contact phone#                      Alternate phone#

\_\_\_\_\_  
Social Security #                      Date of Birth                      Email address

Please check profession:    Dentist \_\_\_ Dental Hygienist \_\_\_ License # \_\_\_\_\_

CDA \_\_\_\_\_ Certificate # \_\_\_\_\_ Dental Assistant \_\_\_\_\_

Radiology Certified \_\_\_\_\_ Receptionist \_\_\_\_\_ Office Manager \_\_\_\_\_

Dental, Hygiene or Assisting school attended: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Desired position:    Temporary \_\_\_\_\_ Permanent \_\_\_\_\_

Days available:    Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Preferred cities or towns to work: \_\_\_\_\_

\_\_\_\_\_  
Comments: \_\_\_\_\_

**Print form, fill out completely, and fax to:  
Teamwork Dental Temps  
Fax #: 1-800-378-5410**