

**APPLICATION TO WORK WITH
HAWAII SMILES DENTAL TEMP AGENCY LLC**

P.O. Box 894818
Mililani, Hawaii 96789
Phone: (808) 388-4071
Email: smile@hawaiidentaltemp.com

Please Attach: Resume; CPR Card; Dental Hygiene License; Driver License (or equivalent identification); Professional Liability Insurance Information, Hep B Vac.

Name: _____ Phone #: _____

Address: _____ City/State/Zip: _____

Email: _____

Hygienist Dental Assistant Front Desk Dentist Financial Coordinator

Do you have the legal right to reside and work in the U.S.? Yes No

If you are **not** a U.S. Citizen, please identify your legal right to work in the U.S.: _____

Number of years of experience: _____

Experience in: Perio Endo Oral Surgery Pedo Ortho Prostho

Days you are available: MON TUES WED THUR FRI SAT

What is your expected hourly rate? \$ _____/hr.

How far are you willing to drive (miles)? _____

Please list 2 recent dental employers that can be checked for references by this agency:

Name: _____ Name: _____

Phone: _____ Phone: _____

Authorization:

“I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize the investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Hawaii Smiles from all liability for any damage that may result from the utilization of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

SIGNATURE: _____ **DATE:** _____