

A. B. DENTAL EMPLOYMENT AGENCY

“An Equal Employment Opportunity Employer”

Registration Form

Section A – Personal details

Mr Mrs Miss Ms Dr

Surname: _____

Other names: _____

Residential address: _____

Suburb: _____ Post Code: _____ Date of birth: ____/____/____

Telephone numbers: Private _____ Mobile _____

Business _____ Email _____

Emergency contact: _____

Address: _____

Telephone numbers: Private _____ Mobile _____

Business _____ Email _____

Are you an Australian Citizen or Permanent Resident Yes No If no, we may request a copy of your visa

Section B – Education

Overseas education and technical qualifications should be included. All original documents are to be sited and copied by A. B. Dental Employment Agency at time of interview.

Secondary (High School) if applicable

During years	Subjects attempted	Results

Certificate awarded: School Certificate Higher School Certificate Other

University and/or college and/or hospital qualifications:

Years	Course undertaken	Institution	Qualification gained	Date awarded

Other qualifications and skills (if applicable)

You should include membership of professional associations and seminars attended:

Years	Course, seminar or membership	Institution/Association

Languages spoken other than English: _____

Do you have a current drivers licence? Yes No

Clerical skills and experience- please tick competencies:

- Microsoft Office Typing _____wpm MYOB Quickbooks Oasis
 Dentrix Dental 4 Windows Practice Works Exact ATS Lion
 Orthotrack Dolphin Bluechip Medical Director Plexis Pracsoft

If competent in any other programs please list _____

Section C- Employment History

Please show where you have worked before. Include overseas as well as Australian work experience.

Employment dates		Name of employer	Position held	Hours per week
From	To			

If the space provided on this form is insufficient or you have additional information, eg publications, special interests, future plans, teaching experience, current research and other supporting evidence, please attach a resume.

Section D- Other

References

Please provide names and addresses of two previous employers who may be contacted about your application/registration. When approached, those people will be asked to provide references and information about your past employment/education. If here on a temporary working visa please provide contact email addresses

Name:	Name:
Position title:	Position title
Address:	Address:
Telephone:	Telephone:
Email:	Email:

Declaration

Do you have an active Workers Compensation claim lodged?

Yes No

Do you have a disability arising from a Workers Compensation claim?

Yes No

Are you aware of any circumstances regarding your health, which may interfere with the satisfactory discharge of duties of the position, which you are now applying for?

Yes No

If yes, please comment: _____

I agree to A. B. Dental requesting personal information from my previous employer.

Yes No

I agree to A. B. Dental requesting personal information from my current employer.

Yes No

Signature: _____ **Date:** _____

Where did you hear of AB Dental Employment Agency? Seek My Career SMH

Regional Paper Dental Industry Guide Friend

Consultant's comments:

Please answer the following questions about your medical history

1. Do you understand the requirements of the proposed position of please tick
 Dental Assistant Administration Dental Hygienist Dentist

2. Are you aware of any injury or illness (past or present) that may affect you in the proposed position?
 Yes No

3. Have you been immunised against Hepatitis B
 Yes No

4. Have you ever had an injury affecting?

Lower back?
 Yes No

Any other part of your back or neck?
 Yes No

Shoulder, elbow, wrists or hands including RSI?
 Yes No

Knee, including cartilage tears?
 Yes No

Foot or ankle, including problems with wearing protective boots?
 Yes No

If yes, please give details _____

5. Do you have any other problems with muscles, bones or joints such as arthritis?
 Yes No

6. Do you have any problems with hearing?
 Yes No

7. Do you have any problem with your eyes or vision?
 Yes No

8. Do you suffer from dermatitis or any other skin problem, including latex allergy?
 Yes No

Office Use Only- has applicant signed/received

Terms & Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No,	OH&S Ergo Checklist <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Contract <input type="checkbox"/> Yes <input type="checkbox"/> No,	Chart Test <input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Declaration <input type="checkbox"/> Yes <input type="checkbox"/> No,	Police Check Forms <input type="checkbox"/> Yes <input type="checkbox"/> No
Needlestick Injury <input type="checkbox"/> Yes <input type="checkbox"/> No,	Banking Details <input type="checkbox"/> Yes <input type="checkbox"/> No
Privacy Policy <input type="checkbox"/> Yes <input type="checkbox"/> No,	Temp Handout <input type="checkbox"/> Yes <input type="checkbox"/> No
Instrument/Material Test <input type="checkbox"/> Yes <input type="checkbox"/> No	Quality Policy <input type="checkbox"/> Yes <input type="checkbox"/> No