Rosenberg Family Dentistry

Joseph O Rosenberg DDS, PA

GENERAL INFORMATION:

Name:

First Name

Last Name

Date of Birth:

Month Day Year

Address:

Street Address

City

State/Zip

Phone Number:

Email:

Are you a citizen of the United States? Yes_____ No _____

Are you a team player? Yes _____ No _____

Do you have a family? Yes _____ No _____

Do you have a felony? Yes _____ No _____

EDUCATION

Name of College or University

Location

Course of Study/ Degree

Starting Date

Ending Date

SKILLS

Dental Related Skills

	LOW LEVEL	MIDDLE LEVEL	HIGH LEVEL
Dental Terminology			
Financial Functions			
Insurance Claim Processing			
Experience with Dental Software			
If you have experience with software , what ?			
Computer Skills			
Computerized Scheduling			
HIPPA/OSHA rules			

Language Ability: English _____ Spanish _____

What skills do you believe you can bring to our dental practice?

EMPLOYMENT INFORMATION:

EMPLOYMENT DESIRED: full-time _____ part time _____

DATE AVAILABLE

SALARY DESIRED

REFERENCES:

Name, How do you know them? Contact info - address, email, phone #

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