



# ADAAMA

## PRACTICE MANAGER'S RESOURCE

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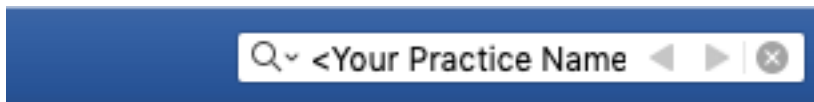
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## HOW TO PERSONLISE YOUR TEMPLATED DOCUMENT:

To personalise this document, I suggest you insert your own practice logo, it is really simple to do, just double click on the ADAAMA logo, delete this and insert your practice logo, you only need do this on the first page then it will replica throughout the document.

This document has been supplied to you in word document so you have the ability to amend it to suit your individual practice.

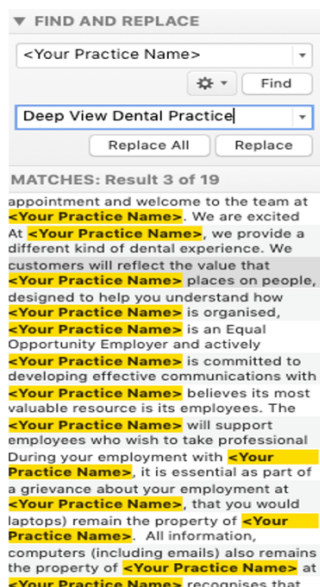
Personalise the practice name by clicking on the top right hand search in the word document and entering <Your Practice Name> as below



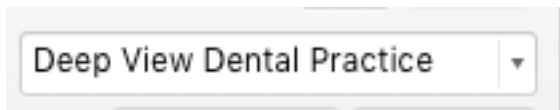
If you then click on the dropdown arrow next to the <Your and hit 'replace'



On the left hand side you will see the following:



If you enter your practice name in this example I have used:



This will change all the <Your Practice Name> to Deep View Dental Practice throughout the entire document.

The same applies if the highlighted yellow says 'Dentist Name' or 'Practice Manager'

If you have any issues with this, please send us an email and we will try to help you.

If there is anything else we can help you with, please do not hesitate to contact us.

## Employment Application Form

Position applied for \_\_\_\_\_ Date \_\_\_\_\_

### Personal Information

First Name		Surname	
Address			
Telephone		Mobile	
Email		Date of Birth	
What transport do you have?			
Have you ever had a criminal conviction in the last 10 years?			
Have you ever received or made any insurance or Workers' Compensation claims or payments?			
Please disclose any pre-existing injuries and/or diseases which could be affected by the nature of this work:			

### Work Availability

What date could you start?			
What time of day is the earliest you could start work?			
What time of day is the latest you could finish work?			
Can you work on Saturdays?			
Can you work on Sundays?			
Are you available at short notice to cover a shift?			
What hourly rate are you seeking for this position? (give a range please)			

### Employment History

What and with whom is your current or most recent position?	
Start date and reason for taking the position?	
End date and reason for leaving the job?	

What and with whom was your previous role and position?	
Start date and reason for taking previous position?	
End date and reason for leaving the job?	

### References

Please list two referees (one of which must be your current or last employer)	

## Health

Do you have current Hepatitis B inoculation?	
Do you hold a current First Aid Certificate?	
Do you have any medical issues that an employee needs to be aware of?	
Are you taking any medications regularly?	
Will your religious beliefs affect your workdays, hours or responsibilities?	

## Career Goals

What attracted you to a career in dentistry?	
What was your favourite prior position and list three reasons why	
1.	
2.	
3.	
What was your least favourite prior position and why?	

List three reasons why this dental practice should consider you for employment:
1.
2.
3.
What are your work strengths?

What are your work weaknesses?	

What do you hope to achieve in the next 5 years?	

**Interest and Hobbies** (what do you like to do when not at work?)


**Is there any other information that you would like to share before we consider you for a position in our company?**


**I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient case for rejection or, if employed, dismissal.**

Signature \_\_\_\_\_

Date \_\_\_\_\_