

DENTAL AGENCY

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Employment Application Form

(Temporary, Casual & Contract Staff)

Thank you for your interest in working with Dental Agency. Please complete this application form fully and accurately. All information provided will be handled confidentially and used for recruitment and placement purposes only.

Section 1: Applicant Details

Title: Mr Ms Mrs Other

Surname: _____ **Given Name(s):** _____

Date of Birth: ____ / ____ / ____

Residential Address:

Suburb: _____ **State:** _____ **Postcode:** _____

Mobile: _____ **Email:** _____

Preferred Method of Contact: SMS Email Phone

Section 2: Identification & Work Rights

Australian Resident or Citizen: Yes No

If No, please specify Country of Birth: _____

Passport Number (if applicable): _____

Visa Type: _____

Driver's Licence Number: _____

Primary Transport: Car Public Transport

Section 3: Emergency Contact

Emergency Contact Name: _____

Contact Number: _____

Section 4: Availability & Location Preference

Preferred Work Locations: North South All Suburbs Regional

Available Start Date: ____ / ____ / ____

Available Days: Mon Tue Wed Thu Fri Sat Sun

Section 5: Professional Details

Role(s) Applying For:

Dental Assistant Receptionist Hygienist Oral Health Therapist Practice Manager

Graduate: Yes No

Total Years of Experience: _____

Qualifications & Training

Qualification	Institution	Year Completed
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Professional Registration Body: _____

Registration Expiry Date: ____ / ____ / ____

Section 6: Clinical Skills & Competencies

Please tick all skills and competencies that apply:

- General Dentistry Digital Charting Implant Surgery Assistance CEREC Crowns
 - Orthodontics Endodontics Prosthodontics Periodontics Paediatrics
 - Surgical Theatre Theatre – Paediatrics Hand Hygiene (Certified)
 - Airflow Machine (Hygiene) Zoom Whitening (Certified)
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Section 7: Practice Software Experience

Please indicate any practice management software you have used:

Hi-Caps, Accounts & Billing Dental 4 Windows (D4W) Oasis Exact Dentrix Practice Works Dentsoft Core Practice Dentally Praktika Titanium Ultimo Carestack Principle Dental4Web Zavy 360 Clinicko

Other: _____

Section 8: Payroll & Superannuation

Bank Name: _____

BSB: _____

Account Name: _____

Account Number: _____

Superannuation Details

Dental Agency contributes superannuation in accordance with current legislation.

Super Fund Name: _____

Member Number: _____

Section 9: Taxation

Tax File Number (TFN): _____

Do you want to claim the tax free threshold?: Yes No

Section 10: Employment History (Current / Additional)

Please list any current or additional employment:

Employer	Role	Employment Type	Period
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Section 11: Workplace Health & Safety

Have you ever made a workers' compensation or workplace injury claim? Yes No

If yes, please provide brief details:

Do you have any existing medical conditions or injuries that may affect your ability to perform the role?
 Yes No

If yes, please provide brief details:

Section 12: Immunisation History (Summary)

Please indicate completed vaccinations and attach supporting evidence where available:

COVID-19 Hepatitis B Influenza MMR Varicella Pertussis Polio TB / BCG

Section 13: Clearances (If Held)

- Working With Children Check (attach supporting evidence)
 - Police / Criminal Record Check (attach supporting evidence)
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Section 14: Declaration & Consent

I declare that the information provided in this application is true and correct to the best of my knowledge. I understand that providing false or misleading information may affect my employment with Dental Agency.

I consent to Dental Agency collecting, storing, and using my personal information for recruitment, placement, and compliance purposes.

Applicant Signature: _____ **Date:** ____ / ____ / ____
