

DENTAL AGENCY

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Employment Application Form – Part-Time / Permanent

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.

Please select position of interest:

☐ Part-Time ☐ Permanent ☐ Both

What is your hourly base salary expectation? (Excluding Superannuation)

Any other requests or comments to help us find the right clinic for you?

Section 1: Applicant Details

Title: ☐ Mr ☐ Ms ☐ Mrs ☐ Other

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

Date of Birth: ____ / ____ / ____

Residential Address:

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

Mobile: _____ **Email:** _____

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: Availability & Location Preference

Preferred Work Locations: ☐ North ☐ South ☐ All Suburbs ☐ Regional

Available Start Date: ____ / ____ / ____

Available Days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Section 4: Professional Details

Role(s) Applying For:

☐ Dental Assistant ☐ Dental Receptionist ☐ 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 5: 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 ☐ Invisalign ☐ Hand Hygiene
☐ Airflow Machine ☐ Whitening

☐ Other: _____

Section 6: 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 7: Employment History (Current / Additional)

Please list any current or additional employment:

Employer	Role	Employment Type	Period
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Section 8: 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:

NB: Section 79 of the *Workers' Compensation and Injury Management Act 1981* states that where a worker willfully and falsely represents that they have not previously suffered from a relevant disability when entering or seeking employment, a dispute resolution body may refuse to award compensation that would otherwise be payable.

The Dental Agency reserves the right to request a Functional Capacity Assessment, at your own expense, if it is deemed necessary to assess your suitability for employment.

Section 9: 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 10: Clearances (If Held)

☐ Working With Children Check (attach supporting evidence)

☐ Police / Criminal Record Check (attach supporting evidence)

Section 11: 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:** ____ / ____ / ____
