

APPLICATION FOR CADS

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Social Security #: _____

In case of emergency. Name: _____ Phone: _____

Education

Do you have a High School Diploma or GED? Yes or No (Required for acceptance)

School	Name/Location	Graduated Y/N	Major	GPA
High School			N/A	
College				
Other				
Other				

Special Training and Skills: _____

Experience

Please describe any dental office experience you have had up to now. _____

Please explain briefly why you seek a career as a dental assistant. _____

References: Non family members who have know you over a year.

Name	Address	Phone	Business

I authorize CADS to contact my references. Yes or No

I certify that all information provided is complete and accurate to the best of my knowledge.

Applicants Signature: _____ Date: _____