

INTERVIEW ASSESSMENT APPLICATION



Complete the following form and refer to the terms and conditions at www.kdmdental.com. By signing this form you agree to the terms and conditions as set forth on our website.

Name: _____ Date: _____

Address: _____
(Street) (City) (Province) (Postal Code)

Phone Number (Res): _____ (Bus./Cell): _____

Registration #: _____ Expiry Date: _____ S.I.N.#: _____

Date of Birth: _____ Are you bondable? _____

Position Applying For: RDA RDH (Local Anesthetic) REC

Name of School Graduated From: _____

Date Graduated: _____

What computer skills have you acquired and on which system? _____

DENTAL ASSISTANTS – CHECK OF LICENSED DUTIES:

- Dental Dam Impressions Radiography Coronal Polish, Application of Anticariogenic Agents
 Temporary Crown with Retraction Cord Placement PRB (Probing)
 Orthodontic Module PDM (Scaling Module) Other _____

Expanded Skills:

- Matrices and Wedges Desensitization
 Bases and Liners Suture Removal
 Topical Anesthetic Pit & Fissure Sealants

Date duties most recently performed:

Date Available: _____ **Temporary:** _____ **FT:** _____ **PT:** _____

Work Location Preference: _____

Have a vehicle: _____ **Have Uniform/Regulation Shoes:** _____

Salary Expectation: FT. _____ **TEMP.** _____

Additional Education (which pertains to above position only):

Other Details:

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CONSENT TO DISCLOSE

" At KDM, we are collecting certain personal information from you so KDM can be made aware of your education, job skills and training. This personal information will be used by KDM for the purposes of deciding what type of dental-related employment is best suited for you. As well, this personal information may be disclosed by KDM to dental practices for the purposes of employing you in those dental practices. By signing this Application Form, you are consenting to the collection, use and disclosure of your personal information by KDM for these purposes. If at any time you decide that you no longer want your personal information disclosed to dental practices, you simply have to advise KDM of this in writing. Your written notice can be sent to KDM at 520, 940 - 6th Avenue SW, Calgary, Alberta T2P 3T1. If you have any questions about the collection, use and disclosure of your personal information by KDM, please contact us at 264-2744 ext 224."

Date

Name

Signature