

Application For Associate Dentist

for Henschen Consulting

Personal Information

| | | |
|-------------------------|------------------------------------|--------------------------|
| Name: | | Date: |
| Social Security Number: | | |
| Home Address: | | |
| City, State Zip: | | |
| Home Phone: | Business Phone: | FAX #: Email address: |
| US Citizen? | If Not Give Visa No. & expiration: | |

Position Applying For

| | |
|--|-----------------|
| <input type="checkbox"/> Want an Associate Dentist or <input type="checkbox"/> Want an Associate Dentist POSITION | Salary Desired: |
| <input type="checkbox"/> Full time or <input type="checkbox"/> Part time | Date Available: |

Education

| | |
|-------------------------|----------------|
| Undergraduate College : | |
| Dates Attended: | Degree, Major: |
| Graduate School: | |
| Dates Attended: | Degree, Major: |

| | |
|---|------------------|
| Specialty? _____ | Special Talents? |
| Employment since graduation (list most recent first)--(IF OWNER DOCTOR LOOKING FOR ASSOCIATE, GIVE DATES OF PREVIOUSLY EMPLOYED ASSOCIATES, NAMES, AND REASON LEFT.) | |
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Other pertinent information:

I attest that the information on this application is true and I authorize Henschen Consulting to begin a confidential search for appropriate placement.

signature

print name

Please send completed application to Henschen Consulting, 713 Winding Ridge Lane, Sidney, OH 45365 or fax to 1-800-447-3265.