



DENTAL ASSISTANT TECHNOLOGY APPLICATION



Application Date:	Seeking admission for term: <input type="checkbox"/> August <input type="checkbox"/> January
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PERSONAL INFORMATION <i>Preference given to qualified Alaska Native or American Indian applicants. ** Proof of eligibility required.</i>	
Full Name:	Are you over the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	Phone:
	Email:

EDUCATION/TRAINING					
School	Name	Address		Diploma/Degree/Certificate	Graduated Yes/No
<i>High School</i>					
<i>College</i>					
<i>Other (Military, Vocational, Training or Certificates)</i>					

EMPLOYMENT HISTORY <i>List most current employer first.</i>			
Employer	Address	Dates of employment	Duties

REFERENCES <i>May include supervisors, managers, teachers, and/or mentors. Please do not use family members. Providing this information means you give SCF permission to contact the people listed</i>			
Name	Phone	Email	Describe relationship (ex: supervisor, teacher)

****Under P.L. 93-638, as amended, it is the policy of SCF to give preference to Alaska Native and American Indian people in all phases of employment and training.**

DECLARATION FOR EMPLOYMENT BACKGROUND SCREENING*Applicants are required to answer these questions.*

1. Please list all previous names used (i.e.: birth name, adopted name, previous marriages(s)).
Also include any suffixes, such as Jr., Sr., II, III

2. Have you ever been arrested or charged with a crime involving a child? ☐ YES ☐ NO

3. Have you ever been charged, found guilty of, or entered a plea of non contendere or guilty to, any felonious or misdemeanor offense, under federal, state, or tribal law involving crimes of violence, sexual assault, molestation, exploitation, contact, or prostitution, crimes against persons or offenses committed against children? ☐ YES ☐ NO

4. Have you ever been charged, found guilty of, or entered a plea of non contendere or guilty to, any felonious or misdemeanor offense, under federal, state, or tribal law involving Medicaid, Medicare, any state health care program, including any offense related to the delivery of an item or service under one of these programs? ☐ YES ☐ NO

5. Have you ever been charged, found guilty of, or entered a plea of non contendere or guilty to, any felonious or misdemeanor offense, under federal, state, or tribal law involving a controlled substance? ☐ YES ☐ NO

6. Have you ever been charged, found guilty of, or entered a plea of non contendere or guilty to, any other felonious or misdemeanor offense, under federal, state, or tribal law? ☐ YES ☐ NO

If you answered **YES** to any of the questions above (questions 1-6), please provide an explanation of the violation place of occurrence, date and disposition of the court proceeding, and the name and address of the police department or court involved:

7. A criminal history record check is a condition of employment, and you are required to **AGREE**, to a criminal history record check, including the submission of any necessary fingerprints and forms. Local, state, national, or other databases may be searched as part of the background check. ☐ Agree ☐ Disagree

8. You must **AGREE**, under the penalty of perjury, a statement verifying the truth of all information provided in the employment application and acknowledging that knowingly falsifying or concealing a material fact is a felony that may result in fines up to \$10,000 or five years imprisonment or both. ☐ Agree ☐ Disagree

ESSENTIAL FUNCTIONS INFORMATION

1. Have you reviewed the essential functions and expectations of the program? ☐ YES ☐ NO

2. Can you perform these essential functions with or without reasonable accommodation? ☐ YES ☐ NO

Please include the following attachments with your completed application.

☐ **Proof of Indian Blood**

☐ **Letter of Intent:** Please prepare a 1 page summary of why you want to be selected as a dental assisting student in this program. Please include your personal qualifications and characteristics that would make you a good fit for the dental profession.

Please send completed applications to Southcentral Foundation Dental Assistant Technology Program
scfdatprogram@southcentralfoundation.com

For questions regarding the Southcentral Foundation Dental Assisting Technology Program, call or visit us online:

Carol East, Learning and Development Specialist – Dental (907)729-5749

www.southcentralfoundation.com/services/dental-services/datprogram

Read the following carefully before signing.

I certify that all of the information given by me on this application or in supplemental form is true and correct to the best of my knowledge and belief. I further understand that false or misleading statements on this application or supplemental forms are sufficient cause for my dismissal.

I understand that none of Southcentral Foundation practices or policies are to be construed as imposing any binding obligations on Southcentral Foundation, and that they are subject to change or deletion at any time by Southcentral Foundation in its sole discretion.

I acknowledge that Southcentral Foundation reserves the right to require tests for alcohol or drugs during the course of my employment, consistent with applicable law, including but not limited to the Americans with Disabilities Act. I further authorize any healthcare professional or testing facility who performs such an examination or who has other information concerning my test results to release such information to Southcentral Foundation. Drug test results with a positive outcome for any illegal substances will result in disciplinary action, up to and including dismissal.

I understand that Southcentral Foundation may contact past employers, educational institutions, various governments databases (i.e.-HHS/OIG/GSA) and references for verification of the information listed in the application, or provided by me on supplemental documents, and I authorize any such organizations or individuals to provide the requested information. I also understand that any offer of acceptance into the program is conditioned on me successfully passing, to Southcentral Foundation's satisfaction, Southcentral Foundation's background check (including, but not limited to: criminal, financial, civil) as well as any applicable fit-for-position tests that Southcentral Foundation requires for the position I am seeking.

My typed name below shall have the same force and effect as my written signature.

I hereby acknowledge that I have read and understand each of the above statements.

SIGNATURE

DATE