



Southern Crescent PERSONNEL

hiring. simplified.

Southern Crescent Personnel, Inc.

7179 Jonesboro Road

Suite 101

Morrow, GA 30260

Date:	For Internal use: Entered by: _____ References: _____ Position: _____ ■ 1-9 incomplete
Phone:	
Mobile/Cell:	
E-mail:	

PART I - GENERAL

NAME	First	Middle	Last	Maiden Name	Nickname
PRESENT ADDRESS	Street		Apt. No.	Social Security No.	
	City	State	Zip		
IN CASE OF EMERGENCY NOTIFY:	Name			Relationship	
	Address			Phone	
REFERRAL SOURCE	<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend/Relative Name: _____ <input type="checkbox"/> Internet <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other _____				
Have you the legal right to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			(FOR PART TIME APPLICANTS ONLY)		
Were you ever bonded? _____ Were you ever refused bond? _____			How long are you available for work? _____ wks., mos., yrs.		
Within the last five years have you been fired from any job for any reason? _____			What hours will you be available? _____		
Within the last five years have you quit a job after being notified that you would be fired? _____					
<i>* If your answer is "yes" give details. Show the name and address (including ZIP code) or employer, approximate date, and reason in each case. This information should agree with your answers in PART III - EXPERIENCE.</i>					
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain _____ (NOT NECESSARILY A DISQUALIFYING FACTOR, ALL CIRCUMSTANCES WILL BE CONSIDERED)					
Will you require special assistance to perform the job for which you have applied? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please explain _____					
I agree not to work for any client introduced by Southern Crescent Personnel on my own or through another agency for one year from my last assignment and to notify SCP of any offer or discussion regarding potential employment.					
					Signature _____

PART II - EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8	HighSchool: 9 10 11 12	College: 1 2 3 4	Graduate School: 1 2 3 4
Last School Attended: _____ (Name)		_____ (City/State)	
List any college or graduate degrees earned, your major and the school from which degrees were received: _____ _____ _____			
Telephone # to contact schools, colleges, etc. _____			
List any special training completed _____			

So that our placement managers will not waste your time in duplicating your efforts and to avoid questions on referrals, will you kindly list below companies you have contacted on your own or through some other sources.

- _____
- _____
- _____

ALL QUALIFIED APPLICANTS ARE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, SEXUAL ORIENTATION,

PART III - EXPERIENCE

Show history for the **past ten years** in consecutive order with **PRESENT OR MOST RECENT EMPLOYER LISTED FIRST**. Account for all periods of time including military service, education and any periods of unemployment. If self-employed, give firm name and supply business references. List any verified work performed on volunteer basis.

	Dates of employment (month/year) From ____ / ____ / ____ To ____ / ____ / ____	Exact title or position	Kind of business or organization (Medical, Dental, Insurance, Etc.)
Salary	Avg. hrs. per week	Name of employer (firm, organization, etc.) and address (ZIP Code)	
Starting \$ _____ per _____			
Final \$ _____ per _____			
Name of immediate supervisor			
Area code and phone number			
Reason for leaving			
Major Responsibilities:			

	Dates of employment (month/year) From ____ / ____ / ____ To ____ / ____ / ____	Exact title or position	Kind of business or organization (Medical, Dental, Insurance, Etc.)
Salary	Avg. hrs. per week	Name of employer (firm, organization, etc.) and address (ZIP Code)	
Starting \$ _____ per _____			
Final \$ _____ per _____			
Name of immediate supervisor			
Area code and phone number			
Reason for leaving			
Major Responsibilities:			

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Salary	Avg. hrs. per week	Name of employer (firm, organization, etc.) and address (ZIP Code)	
Starting \$ _____ per _____			
Final \$ _____ per _____			
Name of immediate supervisor			
Area code and phone number			
Reason for leaving			
Major Responsibilities:			

Previous Temporary Employment

Name of Company Assigned	From Mo./Yr.	To Mo./Yr.	Dept.	Skills	Pay Rate	Supervisor	Temporary Service	Phone Number and City
	__/__/__	__/__/__						
	__/__/__	__/__/__						
	__/__/__	__/__/__						

misrepresentation or omission of facts is cause for dismissal.

I have read and understand the Employment Guide Book and Drug Policy of Southern Crescent Personnel, Inc. Should I become employed with Southern Crescent Personnel, Inc. I agree to abide by all policies and procedures of Southern Crescent Personnel, Inc. I understand it is my responsibility to contact Southern Crescent Personnel, Inc. when I am available to work.

I have read and fully understand the foregoing statements.

Signature _____ Date _____

Code Of Ethics Standard of Conduct Policy

Southern Crescent's reputation for honesty, integrity, and fairness is determined by the personal reputation of our individual employees.

To protect this reputation and to warrant our client's trust, each of us must strive to avoid situations that might reflect poorly on our company.

Southern Crescent Personnel must require the highest standard of behavior for its employees when engaging in any activity concerning the company, clients, competitors, suppliers, the public or other employees.

We, the management and employees of Southern Crescent, must hold one another accountable for superior ethical conduct while undertaking any activity on company or client premises.

Each of us has a responsibility to support the company's code of ethics and to take necessary action to preserve and protect the reputation of Southern Crescent Personnel.

Dress Code Policy

As part of the Southern Crescent Personnel image, I will abide by the following regulations for all assignments and/or placements:

- Regulation fingernails - short clean nails
- Light perfume or body fragrance
- Clean, pressed clothes and polished shoes
- Limited Jewelry - no multiple earrings or visible body piercing
- Cover any visible tattoos

I have read and I understand that the Code of Ethics (Standards of Conduct and the Dress Code) are considered part of my employment requirements. If they are not followed, it could result in my hourly rate being reduced to minimum wage.

Employee Signature _____ Date _____

Matching talent to opportunity

DENTAL/MEDICAL

Current Dental/Medical License Held _____ State _____

License Number _____ Expires _____ Original Issue Date _____

Hepatitis B Declination: I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus infection. I have been given the opportunity to be vaccinated at no charge to myself; however, I decline such vaccination at this time. I understand that by declining the vaccine I continue to be at risk of acquiring HBV, a serious disease. If in the future I continue to have occupational exposure to blood or OPIM and I wish to be vaccinated with HBV vaccine, I can receive the vaccination at no charge to me.

Signature: _____

I have already been vaccinated for HBV on the following dates: _____

Signature: _____

Date of last PPD and results _____

Have you previously been exposed to blood or other potentially infectious materials? (Include date and circumstances) _____

What vaccination and follow-up was completed after the above occupational exposure? (Include dates) _____

Have you ever worked with toxic products such as chemicals, gasses, ethylene oxide, asbestos, formaldehyde, or other? Please circle those that apply.

Signature: _____

Administrative / Clerical / Legal / Accounting Skills

Please indicate areas of actual working experience. Indicate by entering years exp., speed, etc...

Typing	# Years	T/S	General	# Years	T/S	Accounting	# Years	T/S	Software	# Years
Dictaphone	_____		Cust. Service	_____		Full Charge	_____		Word	_____
Word Proc.	_____		Phones	_____		Payroll	_____		Access	_____
Typing	_____		Filing	_____		Acct.'s Rec.	_____		Power Point	_____
10 Key	_____		Reception	_____		Acct.'s Pay.	_____		Excel	_____
Data Entry	_____		Switchboard	_____	# Lines _____	Quick Books	_____		Outlook	_____
Computer	_____					Quicken	_____		Other	_____
Basic Clerical	_____		Bilingual			Peachtree Acct.	_____			
			Spanish	_____	Other _____	Billing	_____			
			Read	_____	Speak _____	Legal	_____			
			Write	_____						

Dental Skills

Please indicate areas of actual working experience. Indicate by entering years exp., speed, etc...

Front Office	# Years	T/S	Back Office	# Years	T/S	Current Certifications	# Years	Fields	# Years	
Terminology	_____		Hygienist	_____		Dental Assistant	_____ <input type="checkbox"/>	Endodontics	_____	
Transcription	_____		Assistant	_____		CPR	_____ <input type="checkbox"/>	Orthodontics	_____	
Insurance	_____		Surgery	_____		X-Ray	_____ <input type="checkbox"/>	Perio.	_____	
Billing	_____		Implants	_____		Other	_____ <input type="checkbox"/>	Peds.	_____	
Scheduling	_____		X-Ray	_____				Prosth.	_____	
Collections	_____		4-Handed	_____		Software	# Years	T/S	Other	_____
Reception	_____		Expanded Duties	_____		Dentrix	_____			
Typing	_____		Impressions	_____		Eaglesoft	_____		Bilingual	
OSHA	_____		Temporaries	_____		SoftDent	_____		Spanish	_____
			Root Canals	_____		Other:	_____		Read	_____
									Speak	_____
									Write	_____

Medical Skills

Please indicate areas of actual working experience. Indicate by entering years exp., speed, etc...

Front Office	# Years	T/S	Back Office	# Years	T/S	Current Certifications	# Years	Fields	#	
Terminology	_____		I.V.	_____		CPR	_____ <input type="checkbox"/>	OB/GYN	_____	
Transcription	_____		Injections	_____		X-Ray	_____ <input type="checkbox"/>	Inter. Med.	_____	
Insurance	_____		Venipuncture	_____		NRP	_____ <input type="checkbox"/>	Fam. Pract.	_____	
Billing	_____		EKG	_____		ACLS	_____ <input type="checkbox"/>	Peds.	_____	
ICD-9	_____		X-Ray	_____		PALS	_____ <input type="checkbox"/>	Gastro	_____	
CPT-4	_____		Vitals	_____		Med. Assistant	_____ <input type="checkbox"/>	Urology	_____	
Scheduling	_____		Treadmill	_____		Phlebotomist	_____ <input type="checkbox"/>	Vasc.	_____	
Collections	_____		Clinical Back	_____		Other	_____ <input type="checkbox"/>	Cardio.	_____	
Reception	_____		Laboratory	_____				Orthopedics	_____	
Typing	_____		MA, CMA, RMA	_____		Software	# Years	T/S	Optical	_____
Med. Records	_____		CNA	_____		Dentrix	_____		Oncology	_____
			PCT	_____		Eaglesoft	_____			
			LPN	_____		SoftDent	_____		Bilingual	
			RN	_____		Other:	_____		Spanish	_____
			Other	_____					Read	_____
									Speak	_____
									Write	_____

Counselor Ratings

Longevity _____	Appearance _____	Personality _____	Communication _____	Professionalism _____
Notice Required _____	Dependability _____	Attitude _____	Experience Level _____	Attire _____
I-9 _____	W4 _____	G4 _____	Resume _____	Employee Guidebook _____
Dress Code Concerns _____				

Test Scores:

HIPAA	_____
Medication Evaluation	_____
JCAHO/OSHA	_____
Workplace Violence	_____
Basic Skills	_____
Piedmont	_____
OSHA	_____
Basic	_____

Interviewer **Comments**
