



Denver Health Dental Assisting Program
 938 Bannock St, Denver, Colorado 80204
 720-445-6619

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Position(s) applying for: Dental Assisting Student (full time)

How did you hear about this position? _____

Personal Information

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status?

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned



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Military:

Are you a member of the Armed Services? _____
What branch of the military did you enlist? _____
What was your military rank when discharged? _____
How many years did you serve in the military? _____
What military skills do you possess that would be an asset for this position?

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____

Housing and assistance:

Do you need assistance with housing? Y or N If yes, please explain

Do you have dependable transportation? Y or N If yes, please explain.

Do you need assistance with childcare? Y or N If yes, please list how many children.

Classes will run Monday through Friday, from 8:00 AM-5:00 PM.

PLEASE ATTACH COPY OF ESSAY EXPLAINING WHY YOU WOULD LIKE TO BE A DENTAL ASSISTANT.

Applicant Signature: _____ Date: _____