

# INFORMATION SHEET

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## MUST BE FILLED OUT IN APPLICANT'S HANDWRITING

1. Please list any honors, awards, you have received in high school or college:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

2. Please list any community organizations, church or school groups :

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

3. List any dental observation time/ dental work experience:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

4. List any military or work experience:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

5. What accomplishment(s) are you most proud of?

---

---

---

6. Why do you think dental hygiene is the career choice for you?

---

---

---

---

---