



105 Stevens Ave #303
Mount Vernon, NY 10550



(914) 668-4238



info@smileawhileot.com



www.smileawhileot.com

Basic Employment Information Sheet

Employee Information

Full Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

NPI Number: _____

Birth Date: _____

Gender: (Circle One) Male Female

Emergency Contact Information

Full Name: _____

Address: _____

Primary Phone: () _____ Cell Phone: () _____

Relationship: _____

Please Provide Copies of the Following:

- Resume
- Liability Insurance
- Government Issued Picture ID
- Professional License and Registration
- Continuing Education Certificates
- Completed Annual Physical