

Texas Academy of Dental Assisting, LLC

Instructor Application

First Name, Last Name

Phone Number

Email Address

Application Date (Today's Date)

Address

City

State and Zip

Link to your LinkedIn profile (if applicable)

Can you work Tuesday and Thursday evenings from 5:30 pm-9:00 pm?

Name of Current Job

Please list the name of the current business you work for. If you are not currently working please put N/A. Also list any identifying data on this business such as website and phone number.

Current Supervisor

Name of your current supervisor. If you are currently not working please put N/A.

Current Wage

How much do you currently make per hour?

Please email resume to info@texasdentalassisting.com
