

Dental-Search Inc.

Professional Health Care Employment Agency
7 Spielman Road
Fairfield, NJ 07004

Please find an application form and the necessary papers for you to complete. Please fill them out completely and return them to the address above. **If you hold any professional license, please send a copy in with your completed papers.**

Dental-Search has a variety of both temporary and permanent positions available. **There are no fees involved; all fees are paid by the Doctor.** We look forward to hearing from you and will do our best to find you the right position.

Thank you

Sincerely,
Dental-Search Inc.

We handle dental offices in Northern, Central, and South Jersey. The jobs you would be offered are those which are close to your home.

Enclosures:

Temporary Employment

- Application
- W4
- OSHA Checklist
- US Dept of Justice (I-9)

- Procedure Guidelines (Sign and return 1 copy)
- Policies for Temporary Staff (Sign and return 1 copy)
- Hepatitis Verification
- Picture ID (Drivers License, etc)
- How to complete a time slip (do not return)
- Payroll Calendar (do not return)

Permanent Employment

- Application
- Hepatitis Verification
- OSHA Checklist
- US Dept of Justice (I-9)
- Picture ID (Drivers License, etc)
- Policies for Perm Staff

(973) 575-9581
Fax (973) 808-3305

Dental Search Inc.
7 Spielman Road
Fairfield, NJ 07004
973-575-9581

Profession _____

Date: ____/____/____

Name _____

Cell Phone () _____

Address _____

Home Phone () _____

(City) _____ (State) _____ (Zip) _____

Work Phone () _____

SS# _____

E-mail address _____

Who to contact in case of an emergency: _____

I am seeking: ____ Permanent work ____ Temporary work ____ Part time ____ Full time

EDUCATION: SCHOOL LOCATION YEARS COMPLETED DEGREE

High School _____

College _____

Additional _____

EMPLOYMENT HISTORY (show present or most recent position first)

Employer _____ Address _____

Dates: From _____ to _____ position _____ Supervisor _____ Title _____

May we call this employer for references? Yes _____ No _____ Phone () _____

Type of Business _____

Duties and functions:

Reason for leaving: _____

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OVER

Please give 2 character references:

	(Name)	(Address)	(Phone)	(Occupation)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Have you ever worked or were educated under another name? _____ if yes explain _____

Are you a U.S. Citizen or an alien authorized to work in the U.S.? _____

Have you ever been convicted of a crime? _____ Explain _____

Do you have any disability/medical condition that would prevent you from performing the job you are applying for? _____

Please explain: _____

How did you hear about us? _____

Do you hold a valid drivers license? Yes _____ No _____

Do you hold a valid license in:

RADIOLOGY yes _____ no _____ License #: _____

C.D.A. yes _____ no _____ License #: _____

R.D.A. yes _____ no _____ License #: _____

DENTAL HYGIENE yes _____ no _____ License #: _____

EXPANDED DUTIES yes _____ no _____ License #: _____

DENTIST yes _____ no _____ License #: _____

CPR yes _____ no _____ Other professional licensing yes _____ no _____

Do you have computer knowledge? yes _____ no _____

If yes, what software? Please list them; _____

DO YOU HAVE DIGITAL X-RAY Knowledge? Yes _____ No _____

Do you have LATEX ALLERGIES, or any other medical conditions we should know about? Yes _____ No _____

If yes, list them and explain; _____

HOURS AND DAYS AVAILABLE : _____

Position desired: _____

What are your short term career goals? _____

What are your long term career goals? _____

Where have you interviewed or sent your resume? _____

***I understand that the acceptance of this application does not constitute an offer of employment with Dental Search Inc. or guarantee employment at any time. Acceptance of this application places my name on the active registry, eligible for placement with a dental office when and if work becomes available. I further understand that my registration and acceptance of work assignment through Dental Search means that I cannot return to or accept any employment, permanent or otherwise, from any dental office or organization without first notifying D.S.I., I understand that I may be removed from the active registry and held liable for the entire permanent placement fee. It is your responsibility to view the "NJ Workforce Requirements" document on our website.

Upon acceptance of any assignments, I understand that I am required to comply with the reasonable instructions of the dental office/organization with which I am placed subject to professional standards. In addition I understand that failure to comply with any reasonable instructions from the dental office/organization may result in the removal of my name from the active registry.

(Requirement of the Federal Government for Your Protection)

I hereby acknowledge the filing of my application with Dental Search to assist me in securing employment.

I understand that an investigative report may be obtained by Dental Search Inc. and presented to prospective employers for evaluation. This investigative report may include information concerning my character, personal characteristics, general reputation, mode of living, and financial resistibility. I further understand that I have the right to make a request to Dental Search Inc. to learn the complete nature and scope of this investigative report.

****You Must notify our office immediately if any of your current license become inactive.**

I certify that I have read and understand the above statements and hereby authorize Dental Search Inc. to obtain a report as described above and to verify any information contained in this application. I understand that in the event that any statement contained in this application is untrue, that my name shall be removed from the registry.

Signature _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Application sent by mail: _____ yes _____ no

Interview conducted by: _____

Travel: _____ Days available/time _____

LD _____ DH _____ X _____ CDA _____ RDA _____ DDS _____ MAL _____ CONSUB _____ OTHER _____

Office Phone (973) 575-9581 Texting phone (ONLY DURING OFFICE HOURS) Fax (973) 808-3305

Email: Melissa@DSI-NJ.com or Lois@DSI-NJ.COM or EDDSI@AOL.COM

In order to maintain active status on Dental-Search Inc registry, it is necessary that all workers maintain the highest professional standards. Workers are reminded that their primary obligation is to the patients and the dental offices/organizations where you are placed. Consequently, to the extent any of these guidelines (excluding payment procedures) are inconsistent with the directions of the dental office the direction of the dental office shall control. Failure to adhere to the instructions of the dental office or these guidelines may result in the elimination of your name from active status on the Dental-Search registry.

ARRIVE 15 MINUTES EARLIER

All temps must arrive 15 minutes earlier to work. Please allow time if you are unsure of travel time, location, traffic and bad weather conditions. This time is necessary for you to become familiar with the office, patient schedule, and procedures specific to each individual office. **IF YOU ARE LATE PLEASE BE SURE TO CALL DENTAL-SEARCH. IF YOU ARE LOST PLEASE CALL EITHER THE DENTAL OFFICE OR DENTAL SEARCH.** If we do not hear from you within an hour of your start time we may have to replace you at the job.

ORIENTATION OF OFFICE

It is suggested that you ask each office to orient you with their specific procedures, location of supplies, OSHA manuals, sterilization procedures, x-ray procedures, etc. This will allow the day to run smoothly.

UNIFORM

Scrubs and a lab jacket, Uniform appropriate closed shoes, unless dental office instructs otherwise. If an office provides scrubs we will notify you. Remember you need to bring your own protective eye glasses which must have side shields. The office will provide you with a mask and gloves. A clean neat appearance is always a must, be sure hair and nails are neat and clean. The state mandates a name tag be worn at all times.

SICK

If you are ill and cannot fulfill an assignment, first call Dental-Search **ASAP**. If it is after hours leave a message on our machine and then call our emergency phone number. Always use our main phone number (973) 575-9581 when calling our office. **DO NOT TEXT OUR TEXT PHONE** as it is not checked after hours and weekends. **PLEASE NOTIFY DENTAL SEARCH FIRST not the Temp position.**

If you are feeling ill on a weekend or evening please call Dental-Search then, we have a better chance of getting a replacement than if we have same day notice.

PAY PROCEDURE

Please refer to the enclosed detailed payroll schedule. Please check your social security number of each paycheck to ensure accuracy. We offer Direct Deposit options.

ANY QUESTIONS AFTER HOURS

If you have an emergency and need to speak to a Dental-Search representative you can call after hours. Please use (973) 575-9581 first and leave a message: Than call our Emergency number (973) 980-5266

***YOU MUST CONTACT DENTAL-SEARCH IMMEDIATELY IF YOU ARE ASKED TO RETURN TO A TEMP POSITION FOR ADDITIONAL TIME OR ARE OFFERED A PERMANENT JOB.**

I have read and understand the above guidelines. Please detach this and return with your application.

Print Name _____ Date _____

Signature _____

Policies for Temporary Staff:

Please sign and return to our office. Please keep a copy for your reference.

If you do not understand any of our policies, please ask for clarification prior to signing this agreement. By signing this agreement, we will assume you understand and will abide by all policies.

- You cannot return to a temporary job on a temporary or permanent basis without prior notification to Dental-Search.
- If you have been introduced to a dental office by Dental-Search and then see an ad in the newspaper or online for an opening, applied to this office previously, you still must contact Dental-Search, as the first contact has been made by Dental-Search.
- You are not permitted to give your phone number to any temporary dental job that you go to.
- You are not permitted to refer your friends, colleagues, or other Dental-Search employees to any temporary or permanent dental positions. All placements must be made directly through Dental-Search.
- Once you accept a temporary position, please do not correspond with the dental office in reference to changing of hours or cancellations unless you cannot reach a Dental-Search staff member.
- If a dental office request you to continue on a temporary and /or permanent basis, you must call Dental-Search to confirm prior to going back the office. Without such notification, you will be held liable for placement fee.
- We have a 24 hour service; call our main number (973) 575-9581 to obtain the emergency phone number of our covering staff member; we will return your call promptly.

If a permanent fee is due and you have violated one of the above policies, you will be liable for the fee. The permanent placement fee is 8% of your starting annual salary.

Signature

Date

EMPLOYEE TRAINING CHECKLIST

I have completed my training for understanding and using safety procedures in our workplace.

My training included:

1. The objective and requirements of the OSHA workers protection laws.
2. The content of this practice's written safety programs.
3. Where the list of hazardous chemicals used in this facility is located.
4. Where the material safety data sheets are located.
5. Understanding health and safety precautions on both labels and material safety data sheets and how to use this information to protect myself.
6. Appropriate choice and use of personal protective equipment.
7. Understanding "Universal Precautions".
8. Proper procedures to avoid transmission of infection.
9. The contents of this practice's written Exposure Control Plan.
10. Review and discussion of "Employee Training" and "Emergency and Safety Procedures" sections of the OSHA Compliance Manual.
11. Proper disposal procedures for infectious waste and sharps.
12. The opportunity to participate in HBV vaccination series.

Attach documentation of Training.

I feel comfortable with my level of understanding of OSHA's Hazard Communication and Blood borne Pathogen Standards and all of the information above. During my training, there was adequate opportunity to ask any questions that I may have had.

Employee Signature

Date

Is your CPR Certification current?
Please send a copy of your card.

Yes

No