

# Dental-Search Inc.

## Dental-Fillings

Professional Health Care Employment Agency

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

Dear Professional:

As per our conversation, enclosed 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 as well as 2 forms of ID (drivers license, passport)**

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,

Corporate Office

7 Spielman Road  
Fairfield, NJ 07004

Enclosures:

Temporary Employment

- Application
- W4
- OSHA Checklist
- US Dept of Justice (I-9) **Please return with copy of your SS Card and Driver License or Passport**
- Procedure Guidelines (return bottom only)
- Policies for Perm Staff
- Hepatitis Verification
- 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) **Please return with copy of your SS Card and Driver License or Passport**
- Policies for Perm Staff

Northern and Central NJ Phone: (973) 575-9581

Southern NJ Phone: (732) 294-0045

Dental Search Inc./ Dental Fillings  
7 Spielman Road  
Fairfield, NJ 07004  
EMAIL ADDRESS: Melissa@dsi-nj.com

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 (Name/Relation/Phone #) \_\_\_\_\_

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 other medical conditions?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list them and explain; \_\_\_\_\_

**HOURS AND DAYS AVAILABLE :** \_\_\_\_\_

Position desired: \_\_\_\_\_ Salary 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 DS/DF. 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 DS/DF 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. 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 DS/DF. 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.

Dental Search Inc. uses 3<sup>rd</sup> party companies for services such as but not limited to: Payroll, Retirement fund, etc.

I certify that I have read and understand the above statements and hereby authorize DS/DF. 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 \_\_\_\_\_

**PROCEDURE GUIDELINES OFFICE HOURS** Monday thru Friday from 8:00 AM to 5:00 PM

Northern and Central NJ (973) 575-9581 South (732) 294-0045

**Emergency weekend and after hour contact number is on our voicemail**

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 our 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, and bad weather conditions. This time is necessary for you to become familiar with the office, patient load, 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**

A white uniform, a white lab jacket, white shoes, and white socks or stocking, or colored scrubs, 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 then in addition leave a message for the dental office. **PLEASE NOTIFY DENTAL SEARCH FIRST.**

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. **REMEMBER WE CAN be REACHED at any time.**

**PAY PROCEDURE**

Please refer to the enclosed detailed payroll schedule. Please check your social security number of each paycheck to ensure accuracy. Submit your timeslip each day to Payroll@dsi-nj.com

**LOST DIRECTIONS / ANY QUESTIONS AFTER HOURS**

If you have an emergency and need to speak with our office you can call after hours.

Please call (973) 980-5268

**\*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, 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; if you leave a message on our answering machine after hours, we will return your call promptly.

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

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Signature

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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