

Dental-Search Inc.
Professional Health Care Employment Agency
7 Spielman Road
Fairfield, NJ 07004

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 as well as 2 forms of ID 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 serve 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
- Copy of Professional Licenses
- 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)
- Medical enrollment or Waiver

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

Dental Search Phone numbers:

Northern NJ (973) 575-9581

Central and Southern NJ (732) 294-0045

staff email: melissa@dsi-nj.com barbara@dsi-nj.com roseanna@dsi-nj.com

Equal Employment Opportunity (EEO) Statement

The company is committed to providing equal employment opportunities to all employees and applicants for employment without regard to: Race, Color, Religion, nationality, disability, Sex/Gender or gender identity Sexual orientation or expression, or Age, ancestry, pregnancy, marital status, civil union status, domestic partnership status, familial status, or any other protected characteristic under LAD and the prohibiting of discrimination and harassment in the workplace.

Dental Search Inc.
7 Spielman Road
Fairfield, NJ 07004

Profession _____

Date: ____ / ____ / ____

EMAIL ADDRESS: Melissa@dsi-nj.com

Name _____

Address _____

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

Cell Phone () _____

Home Phone () _____

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: _____

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: _____

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: _____

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: _____ Least 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.

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.

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 _____

PROCEDURE GUIDELINES

OFFICE HOURS = Mon thru Fri from 8:00 AM to 4:00 PM

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

email: payroll@dsi-nj.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.

Employment Status

- **Temporary Employment:**
Temporary staff are employed on a short-term, project-based, or seasonal basis. Employment may vary in duration depending on the client's needs. Temporary employment does not guarantee permanent placement with the client or the agency.
- **At-Will Employment:**
Temporary employment is considered "at-will," meaning that the employment relationship can be terminated by either the employee or the agency at any time, with or without cause or notice.

Attendance and Punctuality

- **Work Schedule:**
Temporary staff are required to adhere to the work schedules assigned by the agency or the client company. Punctuality is essential, and employees are expected to report to work on time.
- **Absences and Lateness:**
If a temporary staff member is unable to report to work due to illness or any other reason, they must notify both the agency and the client (if applicable) as soon as possible, following the agency's sick call policy (see Section "Sick" of this document).

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 and you will not be paid for this assignment.

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.

Code of Conduct

- **Professionalism:**
Temporary staff must always conduct themselves in a professional manner while on assignment. This includes being respectful, courteous, and cooperative with the agency, the client, and fellow coworkers.
- **Confidentiality:**
Temporary staff may have access to sensitive information during their assignment. It is important to maintain confidentiality and avoid sharing any proprietary information about the agency or client.

Health and Safety

- **Workplace Safety:**

Temporary staff must adhere to all health and safety guidelines provided by both the agency and the client. This includes following any safety protocols, using appropriate protective equipment, and reporting any workplace hazards.

- **Accidents and Injuries:**

In the event of a workplace injury, temporary staff must report the incident immediately to both the client's on-site supervisor and the agency. Depending on the nature of the injury, workers' compensation may be available, as governed by local laws and regulations.

MEDICAL BENEFITS: Temporary staff that work a minimum of 130 hours every month are eligible for medical benefits after 60 days of employment. Please see page 9 of this agreement for more details.

RETIREMENT 401K: Temporary staff that have worked 1000 hours are eligible for our retirement benefit. Dental Search does not match contributions. This is an employee contribution policy.

UNIFORM

This dress code policy establishes standards for workplace attire that ensure a professional, safe, and hygienic environment for employees and patients. It aims to promote inclusivity and respect by avoiding gender-specific clothing requirements in compliance with laws prohibiting gender-based dress codes.

- **Full Professional Attire:** All employees are expected to wear professional attire appropriate for a healthcare setting. This includes maintaining cleanliness and presenting a neat and well-groomed appearance.
- **Safety & Hygiene:** Clothing and accessories should support infection control, patient safety, and comply with health and safety regulations. Attire should allow for ease of movement and not interfere with job duties.
- **Scrubs and Clinical Attire:** All clinical staff, regardless of gender, may wear scrubs of any style or color, as long as they are clean, professional, and conform to infection control guidelines. Scrub patterns or colors may be chosen according to department or personal preference unless otherwise specified by the office.
- **Footwear:** Footwear should be closed-toe, non-slip, and comfortable to ensure safety in the workplace. Sandals, open-toe shoes, or high heels are not permitted for clinical staff due to safety reasons. Administrative staff may wear professional shoes of their choice, provided they are clean, polished, and safe for office work.
- **Accessories and Jewelry:** Employees may wear accessories that do not interfere with their duties or pose safety or hygiene risks. For clinical staff, jewelry should be kept to a minimum and not be worn on hands or wrists when performing procedures. Long or loose jewelry that may cause safety concerns should be avoided.

- You need to bring your own protective eyewear such as goggles, loops, or your own glasses with side shields. The office will provide you with a mask and gloves.

Dental Search is committed to making reasonable accommodations for employees based on religious, cultural, or medical needs. Employees requiring accommodation should notify Dental Search to ensure adjustments are made while adhering to professional standards.

SICK

- **Notification Timeframe:** Employees are required to notify the agency as soon as possible, but no later than 2 hours before their scheduled shift starts. This applies to all sickness-related absences.
- **Method of Notification:** Employees must inform Dental Search by either calling the office phone number during office hours or after hours and weekends by calling or texting 973-980-5266. Email is not checked after hours and should NOT be used to notify our office that you are ill.

Paid Sick time is outlined on our website: www.DentalSearchnj.com. Employees who are sick must notify HR directly within the given payroll period that they would like to be considered for paid sick time for the specified workday. Employees must be active temporary staff members with Dental Search, which means that they must have additional dates booked for work.

- **Unnotified Absence:** If an employee fails to notify the agency of their absence without a valid reason, the absence may be considered unauthorized and may lead to disciplinary action, including termination.
- **Pattern of Abuse:** Repeated instances of calling in sick without valid documentation or not showing up for an assignment can be cause for termination.

PAY PROCEDURE

Compensation

- **Pay Rates:** Temporary staff will be compensated based on the pay rate agreed upon prior to assignment.
- **Payment Schedule:** A payroll Calendar is provided which shows pay dates as well as timeslip submission deadline. Dental Search has a biweekly payroll period, starting on a Monday and ending on the following Sunday, with a pay date of Friday, until otherwise specified.
Payment will be made via direct deposit or check mailed by US Postal Service.
- **Overtime:** Overtime pay is provided when hours worked exceed those established by local labor laws (e.g., over 40 hours per week).

Please check your social security number of each paycheck/stub to ensure accuracy. Timeslips should be emailed to Payroll@dsi-nj.com either daily or weekly. The deadline for Timeslips in the payroll period is Sunday prior to the pay date. It is very important that you submit all the timeslips on a timely basis.

Termination of Employment

- **Grounds for Termination:**
Temporary staff may be terminated for any of the following reasons:
 - Failure to meet performance expectations.
 - Violation of the agency or client's policies or code of conduct.
 - Misrepresentation of qualifications or credentials.
 - Unprofessional behavior or frequent unexcused absences.

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 hours or cancellations** unless you cannot reach a Dental-Search staff member.
- **If a dental office requests 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.**
- **If you are calling after hours with an emergency, please call the or text 973-980-5266.**

Print Name

Date

Employee Signature

Date

AFTER HOURS CONTACT:

If you have an emergency and need to speak to a Dental-Search representative you can call or text after hours.
(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 _____ 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 Bloodborne 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?**

Yes

No

Please send a copy of your card.

Medical Benefits Eligibility:

Eligibility Requirements:

1. **Employment Duration:**
Temporary employment agency staff are eligible to enroll in medical benefits after completing 60 calendar days of continuous employment.
2. **Minimum Hours Requirement:**
To qualify for medical benefits enrollment, temporary staff must work a minimum of 30 hours per calendar month during the 60-day eligibility period.
3. **Verification of Hours:**
Hours worked will be reviewed and verified by the Human Resources (HR) department. Staff who do not meet the minimum 30 hour threshold during the 60-day calendar period will not be eligible for medical benefits until they meet this requirement in the open enrollment period .

Enrollment Process:

1. **Notification of Eligibility:**
After the 60-day eligibility period and verification of hours worked, eligible staff will receive a notification from the HR department regarding their qualification for medical benefits enrollment.
2. **Enrollment Window:**
Once notified, eligible staff will have 30 days to enroll in the company's medical benefits plan. Failure to enroll within this window will result in forfeiture of the opportunity to enroll until the next open enrollment period, or a qualifying life event.
3. **Benefit Effective Date:**
Medical benefits will become effective on the first of the month prior to enrollment
4. **Employees must maintain the minimum of 30 hours worked per calendar month to be eligible for medical benefits.**
5. Please contact HR for additional information.

Please let us know if you are interested in this benefit at the initial interview process or sign the waiver form attached.

ENROLLMENT FORM



breckpoint

A. REQUIRED EMPLOYEE INFORMATION Complete the Enrollment Form and return to your Human Resources Department.

Name:		Phone:	
Social Security #:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:			Apt. #:
City:	State:	Zip:	
Hire Date:		Employee ID:	

B. MEDICAL BENEFIT PLAN SELECTION Payroll Deducted Rates - Please select the tier for each product in which you wish to enroll.

	COST
<input type="checkbox"/> MEC PLAN	
<input type="checkbox"/> Employee Only	\$49.00
<input type="checkbox"/> Employee + Child(ren)	\$75.80
<input type="checkbox"/> Employee + Spouse	\$78.20
<input type="checkbox"/> Employee + Family	\$105.00

MVP COMPLIANCE PLAN

Please call
1-844-300-5497
to enroll.

C. REQUIRED DEPENDENT INFORMATION

Name	Social Security #	Date of Birth	Sex	Relationship
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner

Any changes made to the Enrollment Form will require the changes to be dated and initialed by employee.

ACKNOWLEDGEMENT & WAIVER FORM



breckpoint[®]

D. REQUIRED SIGNATURE You MUST sign and date to be enrolled in coverage

Election of Coverage: I have read and understand the coverage options I have elected. I understand completion of this enrollment form in no way implies I will be accepted for coverage. I understand coverage will take effect only if this enrollment form is approved by the plan sponsor and the plan has been properly funded, provided I meet any eligibility or coverage effective date requirements listed in the plan documents.

Accept coverage options as selected

Date:

Signature:

E. REQUIRED SIGNATURE You MUST sign and date if you wish to decline coverage.

Waiver of Coverage: I, the undersigned employee, understand and acknowledge that: I have been offered an opportunity by my Employer to enroll in affordable employer-sponsored health coverage that meets the minimum value standard set forth in the Patient Protection and Affordable Care Act (ACA) for the applicable period:

- I will not qualify for government credits and subsidies to purchase individual health insurance on a state or federal marketplace or exchange
- I may not cover dependents under the Employer's plan, and
- I may not be able to enroll in the Employer's plan until the next open enrollment, except in a qualified change in status or other limited circumstances.

Decline all coverage options

Date:

Signature:

DENTAL SEARCH, INC.

7 Spielman Road
Fairfield, New Jersey 07004
Phone: (973) 575-9581 email: payroll@dsi-nj.com

Please complete this form to enroll in direct deposit. You will be notified as to the start date.

DIRECT DEPOSIT SIGN UP FORM

I hereby authorize my employer, Dental Search Inc. to deposit any amounts owned me by treating credit entries to my account at the financial institution (hereinafter "Bank") indicated on the bottom of this form. Further, I authorize my bank to accept and to credit any credits entries indicated by Dental Search Inc. to my account. In the event that Dental Search Inc. deposits funds erroneously into my account, I authorize Dental Search Inc. to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Dental Search Inc. and the Bank have received written notice from me to its termination in such time and in such manner as to afford Dental Search Inc. and the Bank reasonable opportunity to act on it.

Employee Name

Social Security #

Signature/Date

Date of Birth: _____

Account information:

Bank Name/ City/ State _____

Checking Savings Transit Routing # _____

Account # _____

*****You MUST attach a voided check for all checking account deposits. If you are using a savings account, verify account information with your bank. Do NOT use the numbers on a deposit slip for either type of account. The entire net amount of the check will be deposited into the above account. If you do not have checks, please contact your bank to provide us with a letter of account number verification.**

Check stubs are available on the ADP portal



Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2026

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): (a) Multiply the number of qualifying children under age 17 by \$2,200 3(a) \$ _____ (b) Multiply the number of other dependents by \$500 3(b) \$ _____ Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here 3 \$ _____			
Step 4: Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$	
	(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here	4(b)	\$	
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$	

Exempt from withholding I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027

Step 5: Sign Here Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	Employee's signature (This form is not valid unless you sign it.)		Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 and you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Step 2(b)– Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3 1 \$ _____

- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a 2a \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b 2b \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c 2c \$ _____

- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3 _____

- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) 4 \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

a **Qualified tips.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 **1a** \$ _____

b **Qualified overtime compensation.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the “and-a-half” portion of time-and-a-half compensation **1b** \$ _____

c **Qualified passenger vehicle loan interest.** If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 **1c** \$ _____

2 Add lines 1a, 1b, and 1c. Enter the result here **2** \$ _____

3 **Seniors age 65 or older.** If your total income is less than \$75,000 (\$150,000 if married filing jointly):

a Enter \$6,000 if you are age 65 or older before the end of the year **3a** \$ _____

b Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment **3b** \$ _____

4 Add lines 3a and 3b. Enter the result here **4** \$ _____

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information **5** \$ _____

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income **6a** \$ _____

b **State and local taxes.** If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) **6b** \$ _____

c **Home mortgage interest.** If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) **6c** \$ _____

d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income **6d** \$ _____

e **Other itemized deductions.** Enter the amount for other itemized deductions **6e** \$ _____

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here **7** \$ _____

8 **Limitation on itemized deductions.**

a Enter your total income **8a** \$ _____

b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** \$ _____

9 Enter: $\left\{ \begin{array}{l} \bullet \$768,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$640,600 \text{ if you're single or head of household} \\ \bullet \$384,350 \text{ if you're married filing separately} \end{array} \right\}$ **9** \$ _____

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here **10** \$ _____

11 **Standard deduction.**

Enter: $\left\{ \begin{array}{l} \bullet \$32,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$24,150 \text{ if you're head of household} \\ \bullet \$16,100 \text{ if you're single or married filing separately} \end{array} \right\}$ **11** \$ _____

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) **12** \$ _____

13 Add lines 11 and 12. Enter the result here **13** \$ _____

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 **14** \$ _____

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 **15** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,420	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190



DENTAL SEARCH

2026 Payroll Calendar

Website: DentalSearchNJ.com

Northern NJ Phone #: 973-575-9581

Central & Southern NJ Phone #: 732-294-0045

Phone # for texting only: 973-650-5403

Key:

○ = Last day of pay period /
All timesheets due

★ = Pay Day

□ = Holiday (Banks are closed)

January

S	M	T	W	T	F	S
				1	★ 2	3
4	5	6	7	8	9	10
11	12	13	14	15	★ 16	17
18	19	20	21	22	23	24
25	26	27	28	29	★ 30	31

February

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	★ 13	14
15	16	17	18	19	20	21
22	23	24	25	26	★ 27	28

March

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	★ 13	14
15	16	17	18	19	20	21
22	23	24	25	26	★ 27	28
29	30	31				

April

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	★ 10	11
12	13	14	15	16	17	18
19	20	21	22	23	★ 24	25
26	27	28	29	30		

May

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	★ 8	9
10	11	12	13	14	15	16
17	18	19	20	21	★ 22	23
24	25	26	27	28	29	30
31						

June

S	M	T	W	T	F	S
	1	2	3	4	★ 5	6
7	8	9	10	11	12	13
14	15	16	17	★ 18	19	20
21	22	23	24	25	26	27
28	29	30				

July

S	M	T	W	T	F	S
			1	★ 2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	★ 17	18
19	20	21	22	23	24	25
26	27	28	29	30	★ 31	

August

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	★ 14	15
16	17	18	19	20	21	22
23	24	25	26	27	★ 28	29
30	31					

September

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	★ 11	12
13	14	15	16	17	18	19
20	21	22	23	24	★ 25	26
27	28	29	30			

October

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	★ 9	10
11	12	13	14	15	16	17
18	19	20	21	22	★ 23	24
25	26	27	28	29	30	31

November

S	M	T	W	T	F	S
1	2	3	4	5	★ 6	7
8	9	10	11	12	13	14
15	16	17	18	19	★ 20	21
22	23	24	25	26	27	28
29	30					

December

S	M	T	W	T	F	S
		1	2	3	★ 4	5
6	7	8	9	10	11	12
13	14	15	16	17	★ 18	19
20	21	22	23	★ 24	25	26
27	28	29	30	★ 31	1	

Send your timesheets to: Payroll@dsi-nj.com

ADP Portal: <http://workforcenow.adp.com>

Deadline for Timesheets is Sunday evening before pay day

NAME _____

NAME OF DENTAL OFFICE _____

ADDRESS: _____

CHECK TO BE MAILED YES NO

DATE	TIME-IN	TIME-OUT	LESS BREAK	TOTAL HRS.
MON.				
TUES.				
WED.				
THURS.				
FRI.				
SAT.				
SUN.				
WEEK ENDING _____	TOTAL HOURS _____			

NOTICE OF AGREEMENT

By signing this timeslip, Employer agrees that the number of hours set forth is true and correct. The employment of any individuals referred to you by Dental-Search shall be conclusive evidence of your continuing acceptance of the fees, terms and conditions set forth in a certain placement agreement between Dental-Search and you, as employer. Without limiting the terms of said agreement, Dental-Search makes no representations or warranties, express or implied, except as set forth in that agreement, with respect to the performance or non-performance of the individual. Your office agrees to indemnify and hold harmless Dental-Search from any and all liabilities (as set forth in the agreement) which may arise out of the performance of the individual placed.

***PLEASE RETAIN NOTICE OF AGREEMENT COPY FOR FUTURE REFERENCE**
WHITE/DENTAL OFFICE COPY YELLOW/AGENCY COPY PINK/TEMPORARY COPY

DENTIST'S SIGNATURE: _____

NAME _____

NAME OF DENTAL OFFICE _____

ADDRESS: _____

CHECK TO BE MAILED YES NO

DATE	TIME-IN	TIME-OUT	LESS BREAK	TOTAL HRS.
MON.				
TUES.				
WED.				
THURS.				
FRI.				
SAT.				
SUN.				
WEEK ENDING _____	TOTAL HOURS _____			

NOTICE OF AGREEMENT

By signing this timeslip, Employer agrees that the number of hours set forth is true and correct. The employment of any individuals referred to you by Dental-Search shall be conclusive evidence of your continuing acceptance of the fees, terms and conditions set forth in a certain placement agreement between Dental-Search and you, as employer. Without limiting the terms of said agreement, Dental-Search makes no representations or warranties, express or implied, except as set forth in that agreement, with respect to the performance or non-performance of the individual. Your office agrees to indemnify and hold harmless Dental-Search from any and all liabilities (as set forth in the agreement) which may arise out of the performance of the individual placed.

***PLEASE RETAIN NOTICE OF AGREEMENT COPY FOR FUTURE REFERENCE**
WHITE/DENTAL OFFICE COPY YELLOW/AGENCY COPY PINK/TEMPORARY COPY

DENTIST'S SIGNATURE: _____

NAME _____

NAME OF DENTAL OFFICE _____

ADDRESS: _____

CHECK TO BE MAILED YES NO

DATE	TIME-IN	TIME-OUT	LESS BREAK	TOTAL HRS.
MON.				
TUES.				
WED.				
THURS.				
FRI.				
SAT.				
SUN.				
WEEK ENDING _____	TOTAL HOURS _____			

NOTICE OF AGREEMENT

By signing this timeslip, Employer agrees that the number of hours set forth is true and correct. The employment of any individuals referred to you by Dental-Search shall be conclusive evidence of your continuing acceptance of the fees, terms and conditions set forth in a certain placement agreement between Dental-Search and you, as employer. Without limiting the terms of said agreement, Dental-Search makes no representations or warranties, express or implied, except as set forth in that agreement, with respect to the performance or non-performance of the individual. Your office agrees to indemnify and hold harmless Dental-Search from any and all liabilities (as set forth in the agreement) which may arise out of the performance of the individual placed.

***PLEASE RETAIN NOTICE OF AGREEMENT COPY FOR FUTURE REFERENCE**

DENTIST'S SIGNATURE: _____

Instructions for Creating your ADP Portal

Please:

1. Sign up for Dental Search Direct Deposit if you have not already done so.

2. Sign up for your ADP portal

Go to <https://workforcenow.adp.com>

Click on "Need an Account?" To Sign Up

Enter the registration code: DENSE-Inc

Click on ENTER INFORMATION and complete all the fields

After you register you can also download the mobile app

Mobile.adp.com to view your payroll records on your phone

You can now check your payroll records, obtain check stubs, obtain W2.

- **Please check that your Social Security number is correct.**
- **If you are already participating in Direct Deposit: Be sure to let us know if you change any banking information as once a payroll deposit is made it can not be reversed and may incur additional fees to the employee if it can be reversed.**



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4., enter one of these:						
USCIS A-Number		OR		Form I-94 Admission Number		OR
						Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List B document. 	AND	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.