

# 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 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 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
- 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

Dental Search Phone: (973) 575-9581  
Dental Search Fax: (973) 808-3305

Dental Studies Institute Inc.  
7 Spielman Road  
Fairfield, NJ 07004  
Phone: 973-808-1666 Fax: 973-808-3305

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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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 hold a valid drivers license?

Do you hold a valid license in:

**Do you have LATEX ALLERGIES, or other medical conditions?**

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

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

Position desired: \_\_\_\_\_

\*\*\*I understand that the acceptance of this application does not constitute an offer of employment with Dental Studies. or guarantee employment at any time. CPR instructors are not allowed to recall any of our clients which were provided to them in any classes taught. Those students are participants of the Dental Studies Institute Inc.

I certify that I provided accurate and true information above

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**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 \_\_\_\_\_

**North NJ (973) 575-9581**

**Fax (973) 808-3305**

**Messages are checked evenings and weekends**

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, 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 eyeglasses 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 HAVE A 24-HOUR SERVICE AND CHECK OUR MESSAGES CONTINUOUSLY.**

**PAY PROCEDURE**

Please refer to the enclosed detailed payroll schedule. Please check your social security number of each paycheck to ensure accuracy.

**LOST DIRECTIONS / 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, leave a message and someone will call you back

**\*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.**

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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 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.
- We have a 24-hour service; if you leave a message on our answering machine after hours, we will return your call promptly.

If a permanent fee is due and you have violated on of the above policies, you will 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.