



Dental Fill-Ins™

PERMANENT AND TEMPORARY EMPLOYMENT AGENCY

900 Walt Whitman Road, Suite 303, Melville, NY 11747
Tel: 631-421-9006 • 212-421-9009 Fax: 631-421-9007

Employment Application

Today's date: _____

Position applied for: _____

Personal Information

Name _____

Address _____ City _____ Zip _____

Phone _____ Cell _____ Cell Carrier _____

Email _____

Social Security Number _____ Date of birth _____

Are you a smoker? Yes _____ No _____

What languages other than English do you speak? _____

Have you ever been arrested or convicted of a misdemeanor or a felony? Yes _____ No _____

If yes what charge? _____

I give Dental Fill-Ins permission to perform a criminal background check Sign _____

Do you travel by car? Yes _____ No _____

Do you only travel by public transportation? Yes _____ No _____

Please circle all that apply, I will travel to: Nassau, Suffolk, Queens, Manhattan, Brooklyn, Bronx, Staten Island, Westchester, Rockland, New Jersey

Work Availability & Experience: Are you currently collecting Unemployment? Yes _____ No _____

Years of experience _____ If offered a position, when can you start? _____

I would like to work: Temporary _____ Permanent _____

Days and hours available: Mon: _____ Tue: _____ Wed: _____

Thur _____ Fri _____ Sat: _____ Sun: _____

Will Call _____



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Employment Experience

Are you currently employed? Yes ___ No ___

May we contact your current employer? ___

If so who should we speak with, ___

If not, why? _____

It is required that this section be completed even if a resume is attached

Most recent employer first.

Employer _____ Dates employed from _____ to _____

Address _____

Telephone _____

Supervisor _____ Reason for leaving _____

Hourly rate:

Start _____ Final _____

Employer _____ Dates employed from _____ to _____

Address _____

Telephone _____

Supervisor _____ Reason for leaving _____

Hourly rate:

Start _____ Final _____



Contract

The following agreements refer to any and all doctors' offices in which you are or have been assigned to work through Dental Fill-Ins, and any office to which Dental Fill-Ins introduced you for either temporary or permanent employment.

I AGREE to contact Dental Fill-Ins, Ltd. if a doctor's office contacts me directly for any temporary or permanent assignment. I will direct the doctor's office to contact Dental Fill-Ins. I agree if placement occurs without contact, I am aware that I am completely liable to Dental Fill-Ins, Ltd. for the temporary or permanent fees. X

I AGREE I will never directly call or solicit myself for work from any office I have previously temped or was employed by as a Dental Fill-Ins staff member even if my intentions are to contact Dental Fill-Ins afterward.

ALL SCHEDULING MUST BE DONE THROUGH DENTAL FILL-INS. NO EXCEPTIONS!

I AGREE that if I am assigned to work in a doctor's office by Dental Fill-Ins and I am later advised by Dental Fill-Ins not to return to the doctor's office, I will not return as advised.

I AGREE to notify Dental Fill-Ins if I am hired by a doctor's office, which I have been assigned for either temporary work or referred to as a permanent placement. I understand that if I accept a position directly or indirectly (such as a response to a newspaper advertisement or a friend's referral) it will be the same as if I were hired through Dental Fill-Ins Ltd. services. X

I, the undersigned, as a temporary employee understand that I am the Doctor's employee for the term of the assignment. I understand that the Doctor will withhold taxes from my pay as necessary.

I am aware that I represent Dental Fill-Ins, and agree to always do my best, act professionally and never do anything to jeopardize Dental Fill-Ins reputation.

I agree to arrive to work 30 minutes prior to assignment.

I will confirm my placements with the doctors' office as soon as I am assigned, I will reconfirm the day before as well. I will call Dental Fill-Ins to reconfirm as well.

I will keep a written record of my assignments, all the offices in which I temp and how much money I earn at each. I will give this information to my accountant for tax purposes. I understand that Dental Fill-Ins will NOT supply me with this information.

Dental Fill-Ins reserves the right to discontinue our working relationship without explanation should any required criteria not be met. X

I understand that if I violate any of the terms of my agreement with Dental Fill-Ins you can hold me responsible for any Agency fees that are due based on the Agency's current fee schedule. I have read and understand this agreement.

Print Name _____

Signature _____ Date _____



Hepatitis Vaccine

Please complete this form with information requested.

_____ Yes, I have received the Hepatitis B vaccine. I understand it is my responsibility to forward a copy of my medical records as proof.

_____ No, I have not received the Hepatitis B vaccine. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. At this time, I have declined the Hepatitis B vaccine.

Print Name _____

Sign Name _____

Date _____