

DENTAL PLACEMENTS

1940 The Alameda, Suite 201
San Jose, CA 95126

Telephone No. (408) 255-1123

Facsimile (408) 446-3044

Today' Date: _____

Name: _____

Daytime Telephone No. _____

Address: _____

Evening Telephone No. _____

Cellular Telephone No. _____

EMPLOYMENT HISTORY

Please list the present or most recent employer first. Resume may be attached in place of employment history detail.

May we contact your current employer? Yes: _____

No: _____

Employer Name: _____

Position: _____

Address: _____

Hire Date: _____

Termination Date: _____

Telephone No.: _____

Salary at Termination: _____

Reason for Leaving: _____

Employer Name: _____

Position: _____

Address: _____

Hire Date: _____

Termination Date: _____

Telephone No.: _____

Salary at Termination: _____

Reason for Leaving: _____

Employer Name: _____

Position: _____

Address: _____

Hire Date: _____

Termination Date: _____

Telephone No.: _____

Salary at Termination: _____

Reason for Leaving: _____

EDUCATION/TRAINING/SPECIAL SKILLS

High School Name: _____
 High School location: _____
 Year Graduated: _____

College Name: _____
 College location: _____
 Year Graduated: _____
 Degree(s) conferred: _____

Language Skills (check all that apply):

Spanish: _____ Vietnamese: _____ Chinese: _____ Japanese: _____ Other (specify): _____

CERTIFICATE AND LICENSES

| Type | Date | State | Type | Date | State |
|-------|------|-------|--------------|------|-------|
| X-Ray | | | CPR | | |
| RDA | | | DDS | | |
| RDH | | | Other: _____ | | |

EMPLOYMENT/POSITION SOUGHT

Type (check all that apply):

| | | | | |
|----------------|----------------|-----------|------------|---------------------------------|
| Dentist: _____ | Hygiene: _____ | DA: _____ | RDA: _____ | Other (specify): _____ _____ |
|----------------|----------------|-----------|------------|---------------------------------|

Speciality (check all that apply):

| | | |
|--------------------------|----------------------------|---------------------|
| General Dentistry: _____ | Periodontia: _____ | Endodontia: _____ |
| Orthodontia: _____ | Pediatric Dentistry: _____ | Oral Surgery: _____ |

Location(s) Desired: _____

Hours/Days Available: _____

Availability Date: _____ Salary Objective: _____

HOW DID YOU HEAR ABOUT US:

Please indicate how you heard about **DENTAL PLACEMENTS**:

| | | |
|---|--|---|
| Newspaper (if so, which): _____ _____ | Friend/Referral (if so, which): _____ _____ | Mailer (if so, which): _____ _____ |
| Yellow Pages (if so, which): _____ _____ | Internet (if so, which site): _____ _____ | Recruiting Presentation (if so, when and where): _____ _____ |

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APPLICANT CERTIFICATION, RELEASE AND AGREEMENT

I certify that all information that I have or will furnish to **DENTAL PLACEMENTS** is true, complete, correct, and accurate to the best of my knowledge and understand that falsification is subject to possible criminal penalties and/or employment termination. I understand that **DENTAL PLACEMENTS** and/or the doctors and offices where I am being considered for employment may, at its or their discretion, from time to time, and for employment purposes, due and perform periodic background checks regarding my general reputation, education, work experience, community standing, criminal record, driving record, and other aspects that **DENTAL PLACEMENTS** determines to be reasonably related to employment and employability. I hereby authorize **DENTAL PLACEMENTS** and/or the doctors and offices where I am being considered for employment to conduct such investigations.

I hereby authorize past and present employers, educational institutions, and references to verify information on the application, authorize them to release to **DENTAL PLACEMENTS** and/or the doctors and offices where I am being considered for employment all records as such past and present employers, educational institutions, and references may have in their possession, custody or control, and release them from any liability relating to the provision of such information and records.

I agree to inform **DENTAL PLACEMENTS** if a permanent job has been offered by the dentist or office to which I am referred by **DENTAL PLACEMENTS** or to which information about me is supplied by **DENTAL PLACEMENTS**. I agree to assist **DENTAL PLACEMENTS** in collecting any fees due for services from any doctors or offices to which I am referred by **DENTAL PLACEMENTS** or to which information about me is supplied by **DENTAL PLACEMENTS**.

Except for those instances in which **DENTAL PLACEMENTS** is the employer of record, I understand and it has been explained to me that (i) that **DENTAL PLACEMENTS** is a referral company and I am not employed by **DENTAL PLACEMENTS**, (ii) that I am employed by the dentist or the office where **DENTAL PLACEMENTS** has referred me for work, and (iii) that it is the responsibility of such dentist or office to pay all salary, payroll, taxes, deductions, workers' compensation insurance, and benefits associated with my rendition of services. Except for those instances in which **DENTAL PLACEMENTS** is the employer of record, I agree to assume full responsibility for my payroll taxes in the event the assigned dentist fails to deduct my withholdings. (By law, you are not considered an independent contractor).

If I am sent on a temporary or permanent assignment by **DENTAL PLACEMENTS**, and the doctor or office to which I am referred decides to hire me for a permanent position or for additional temporary days other than those originally arranged by the dentist or office with **DENTAL PLACEMENTS**, I (I) will advise the doctor or office that a fee is due to **DENTAL PLACEMENTS**, (ii) in the case additional temporary days are arranged directly with me by the doctor or office, will notify **DENTAL PLACEMENTS** of the arranged additional temporary days, and/or (iii) in the case a permanent offer is made, will notify **DENTAL PLACEMENTS** that a permanent offer was made.

I will not accept a position with a doctor or office to which I am referred by **DENTAL PLACEMENTS** or to which information about me is supplied by **DENTAL PLACEMENTS** if said doctor or office fails or refuses to pay a fee to **DENTAL PLACEMENTS** according to the then applicable fee schedule charged by **DENTAL PLACEMENTS** or, if I do accept, I will be responsible for paying **DENTAL PLACEMENTS** a fee according to the then applicable fee schedule charged by **DENTAL PLACEMENTS** for such additional temporary days or such permanent referral fees, in accordance with the then applicable fee schedule charged by **DENTAL PLACEMENTS**.

For a period of ONE year from the last day worked or from the referral date, I will not solicit or accept temporary or a permanent position on my own from a doctor, office or his/her/its affiliates to whom I was referred from **DENTAL PLACEMENTS** or to which information about me is supplied by **DENTAL PLACEMENTS**. If I do go to work during that twelve month period, without the consent from **DENTAL PLACEMENTS**, I shall be responsible for a fee (should the doctor not agree to pay that fee) according to the then applicable fee schedule charged by **DENTAL PLACEMENTS**.

I will not hold **DENTAL PLACEMENTS** responsible for any monies if a dentist cancels my assignment at any time or fails to pay me any monies due for any services rendered.

I agree that **DENTAL PLACEMENTS** has or will refer me and, therefore, is entitled to a fee or hourly compensation.

I agree to accommodate each dental office's payroll policy and to reasonably assist **DENTAL PLACEMENTS** in attempting to collect any fees due and owing to **DENTAL PLACEMENTS** from any dentist or office to which I am referred by **DENTAL PLACEMENTS** or to which information about me is supplied by **DENTAL PLACEMENTS**.

Date: _____

Recruiter's Signature

Applicant's Signature

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HEPATITIS B VACCINE VERIFICATION OSHA REGULATION (Vaccine not required by law)

The undersigned understands that, due to my occupational exposure to blood and other potentially infectious diseases and materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection and/or Acquired Immune Deficiency Syndrome (AIDS) while I work in various doctors' offices on a temporary basis.

(CHECK ONE OF THE BELOW):

_____ I have been previously vaccinated with the Hepatitis B vaccine prior to being hired. What year?: _____

_____ I have not received the Hepatitis B vaccine.

_____ I am presently receiving the series of Hepatitis B vaccine.

Date of 1st shot: _____ Date of 2nd shot: _____

Date of 3rd shot: _____

I am aware that the vaccination series involves three separate injections given over a period of 90 days. I agree that my temporary employers are unable to provide me the Hepatitis B vaccination within the period of time I will be working at this place of employment; however if I choose to accept a permanent position in the future, I will be given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself, from the permanent employer. I also understand that there is no vaccine or other cure or treatment for AIDS.

Date: _____

Recruiter's Signature

Applicant's Signature