

DENTAL DYNAMIC STAFFING

WHY DENTAL DYNAMIC STAFFING? Besides our focus on our relationship with you and our commitment to do our best to find you a great career . . . we have been placing Dental Professionals since 2004. Having one focus puts us ahead of all other staffing companies. Consider us your human resource partner.

OUR BUSINESS, OUR FOCUS, OUR COMMITMENT TO EMPLOYEES:

- Our business is recruiting, hiring and placing you in a great job!
- Our focus is to partner with you and pay you – **you pay NO FEES** to DDS for getting placed in temporary or permanent jobs.
- You will receive a pay check every week you work.
- Our commitment is to understand your financial requirements as well as your expertise in the dental profession.
- We promise to seek out the right dental office that matches your qualifications.
- We put as much time and commitment whether you (the employee) are a temporary, temp-to-perm or a permanent placement.
- We execute on all functions of your extended human resource and payroll department.
- You can count on us to find employment for you, to pay you and to be your voice in the competitive job market.

Dental Dynamic Staffing is a full service employment staffing agency exclusively serving dental practices and dental professionals. We search for professionals with a commitment for excellence. We currently have dental offices that are searching for the following:

- ◆ DENTISTS
- ◆ HYGIENISTS
- ◆ DENTAL ASSISTANTS
- ◆ FRONT OFFICE/ ADMINISTRATIVE POSITIONS
- ◆ HYGIENE ASSISTANTS
- ◆ EFDA and/or EDDA

- NO FEES are ever expected of you!
- We have a data base of ready-to-hire dental offices in the following **16 states: OHIO, KENTUCKY, TENNESSEE, IOWA, ILLINOIS, INDIANA, CONNECTICUT, MASSACHUSETTS, MICHIGAN, NORTH DAKOTA, NEW HAMPSHIRE, NEW YORK, PENNSYLVANIA, WISCONSIN, WEST VIRGINIA, AND TEXAS**
- We are a full-service temporary employment company – this means we cover all payroll expenses (FICA matched, employer taxes paid, W2 provided) while you are on assignment as a Dental Dynamic Staff employee.
- Once you are registered in our database, you are ready to work.
- FREE employee consulting; from reviewing your resume to salary negotiations to additional training, we are here to help.
- Receive a pay check for every week you work.
- Looking to work “between jobs” or relocating? We are a perfect income solution for you.

Phone: 440-846-1774 or 1.866.551.1777

Fax: 440. 846.1742

E-mail: staff@dentaldynamicstaffing.com

How Do I Get Started?

Follow these simple steps, and you will be on your way to an exciting new career.

Step 1: Complete an application. All personal information will be held in confidence. Filling out your application will not put you under any obligations to work with Dental Dynamic Staffing

- Go to www.dentaldynamicstaffing.com to fill out an application. Personal Recruiters (aka “Career Specialists”) are available during normal business hours to assist you over the phone with your application.
- Contact us at (866) 551-1777.

Step 2: Talk with your recruiter. Once your application is accepted, you will be assigned a personal recruiter. Your recruiter will:

- Listen to your need
- Review your qualifications
- Focus on your skills to ensure a successful assignment experience

Step 3: Choose an opportunity. We will contact you to review possible opportunities. You decide which assignment is right for you. Keep in mind that we’re available 24/7 to support you with any of your assignments or changes you may address to your personal recruiter.

Step 4: Fill out your time sheet. You must complete your time sheet for every assignment. Every time sheet must be signed by the OM or the Dentist

- If you are at two different offices in the same pay period, you will fill out and submit two different time sheets.
- If you are at the same office more than once during a pay period (weekly), use the same time sheet.

Step 5: Interview with the Dental Office. Most of our full time opportunities require face-to-face interviews with the dental office. This interview provides the dental office, and you, the opportunity to make sure this is the right match. Your personal recruiter will review the detailed information prior to your interview date.

Step 6: Begin your exciting new adventure! When you accept an offer for work (either temp or perm), Dental Dynamic Staffing will provide you with the following information:

- Specifics of the office in which you are temporarily or permanently placed
- Location and detailed driving directions
- Your time sheet(s)
- Your recruiter will keep in touch with you throughout your assignment to make sure you, as well as the client, are satisfied

Fill out the enclosed application and send it to the Dental Dynamic Staffing office, and begin your new journey!

Phone: 1.866.551.1777

Fax: 440. 846.1742

E-mail: staff@dentaldynamicstaffing.com

DENTAL DYNAMIC STAFFING

Welcome to our Team!

Dear Dental Professional,

Thank you for joining Dental Dynamic Staffing! Since 2004, we have helped thousands of dental professionals just like you. We have a solid history of placing qualified employees in a variety of temporary, temp-to-perm and full time positions. We are excited to work for you and with you during this new career journey.

Dental Dynamic Staffing wants to take the time to understand your qualifications, skills, and financial needs and to assist you with your future career opportunities. Besides getting to know you, Dental Dynamic Staffing requires necessary documents to be completed prior to placing you in any positions. Below is a check list of the required documents. Please use this for your reference when you are getting your file together:

_____ **Application**

_____ **Resume**

_____ **Employee Guidelines and Procedures**

_____ **Applicant's Understanding of Responsibilities**

_____ **Applicant's Release Agreement**

_____ **W4 Form:** This is included in the application and must be filled out completely.

_____ **I-9 Form:** This is included in the application must be filled out completely.

_____ **List of Professional References**

_____ **Professional License/Credentials:** A current license or certification for your discipline is required in the state in which you may be taking an assignment. A signed copy of your current license or certification will be needed.

_____ **Healthcare Provider Card (CPR):** The CPR must be current and must be kept current throughout the assignment. Please be sure to include a copy of both the front and signed back of the card.

_____ **2 Forms of ID (i.e. Driver's License, Birth Certificate, Passport, and Social Security Card):** A clear, legible copy is required.

_____ **Hepatitis B Status:** Documentations of a declination, completed series, booster or a Positive Titer.

_____ **Sign and Return HIPPA Privacy Training Module**

Our experienced and caring Dental Dynamic Staffing team looks forward to providing you with the personal service you deserve. As an experienced staffing company, we have an excellent reputation with hundreds of dental offices in sixteen states throughout the country.

To get started with Dental Dynamic Staffing, simply complete the application along with the documents on the check list. Mail or fax your information to the address below and one of our personal recruiters will contact you to review employment opportunities.

Again, welcome to our team!

Dental Dynamic Staffing Team!

Phone: 1.866.551.1777

Fax: 440.846.1742

Corporate Mailing Address:

PO Box 361611

Cleveland OH 44136

DENTAL DYNAMIC STAFFING

Mail: P.O. Box 361611 Strongsville OH 44149 Fax: 440-846-1742 Application for Employment

Date: / /

Last Name		First	Middle	MR <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/>	Social Security Number
Street Address		Suite #	City	State	Zip Code
Telephone No.		Cell Phone No. () () ()	Message Phone () () ()	Additional # You Can be Reached At () () ()	How did you hear of our services? Referral (name) _____ Newspaper _____ Yellow Pages _____ Other _____
(i) Emergency Contact: Name		Relationship	Phone No.	Address	Do we have permission to contact your present employers? YES <input type="checkbox"/> NO <input type="checkbox"/>
Can you provide proof of eligibility to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you interested in being sponsored to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	What geographical area do you prefer to work?	Have you ever worked for a Staffing Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Which Company (s)	

(b) PERSONAL DATA

Type of Profession applying for: <input type="checkbox"/> Lab Tech <input type="checkbox"/> Collections <input type="checkbox"/> Receptionist <input type="checkbox"/> Assistant <input type="checkbox"/> EFDA <input type="checkbox"/> Hygienist <input type="checkbox"/> Ortho Asst.	Dental Experience: <input type="checkbox"/> New Student <input type="checkbox"/> 1-5 yrs <input type="checkbox"/> 6-12 yrs <input type="checkbox"/> 13-20 yrs <input type="checkbox"/> over 20	Type of Assignment: <input type="checkbox"/> temp <input type="checkbox"/> temp to hire <input type="checkbox"/> Direct hire
Do you have reliable transportation? YES <input type="checkbox"/> NO <input type="checkbox"/> Vehicle / Bus / Other	Do you have a Resume? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you interested in Full time or Part time Employment FULL <input type="checkbox"/> PART <input type="checkbox"/>
May we complete a background / credit check if necessary for Employment? YES <input type="checkbox"/> NO <input type="checkbox"/>	Physical Limitations (if any)	Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>

(c) EDUCATION

High School (Name and Location)	City State	Grade Average	# of years attended	Graduated Yes No	Major
College (Name and Location)	City State	Grade Average	# of years attended	Graduated Yes No	Major Minor
Other Education (Graduate School, Trade school Name & Location City State)	City State	Grade Average	# of years attended	Graduated Yes No	Major Minor
Please List all State Licensure (State)	License #	Exp. Date / / / /			

PROFESSIONAL CREDENTIALS

PLEASE CHECK ALL AREAS IN WHICH YOU HAVE RELEVANT EXPERIENCE:

<p>HYGIENE (Hygienists only)</p> <p><input type="checkbox"/> Anti-Microbial Therapy <input type="checkbox"/> Ultrasonic Sealers (Piezo, etc) <input type="checkbox"/> Prophy Jet <input type="checkbox"/> Cavitron <input type="checkbox"/> Pit & Fissure Sealants <input type="checkbox"/> Soft Tissue Management <input type="checkbox"/> Oral Hygiene Instructions <input type="checkbox"/> Time required for prophy: Adult: _____ Child: _____</p>	<p>DENTAL ASSISTING</p> <p><input type="checkbox"/> OSHA Sterilization Techniques <input type="checkbox"/> Crown & Bridge <input type="checkbox"/> Preliminary Oral Exam <input type="checkbox"/> Charting <input type="checkbox"/> Perio Charting <input type="checkbox"/> Alginate Impressions <input type="checkbox"/> Tray Set Ups <input type="checkbox"/> Placing / Removing Rubber Dam <input type="checkbox"/> Wax Bites <input type="checkbox"/> Bitewings <input type="checkbox"/> Full Mouth <input type="checkbox"/> Digital <input type="checkbox"/> Model Pouring & Trimming <input type="checkbox"/> Four-Handed <input type="checkbox"/> Develop Radiographs: ____ Automatic Developer ____ Manual (dip tank) <input type="checkbox"/> Mounting Radiographs</p>	<p>DA (cont'd)</p> <p><input type="checkbox"/> Acrylic Temporary Crown Fab. <input type="checkbox"/> Aluminum Crown Trimming and Fitting <input type="checkbox"/> Suture Removal <input type="checkbox"/> Office Equipment Mtce. <input type="checkbox"/> Soft tissue Management <input type="checkbox"/> Periodontics <input type="checkbox"/> Pedodontics <input type="checkbox"/> Orthodontics <input type="checkbox"/> Endodontics <input type="checkbox"/> Bands & Brackets <input type="checkbox"/> Pit & Fissure Sealants <input type="checkbox"/> Matrix Bands <input type="checkbox"/> Mixing Restorative Materials <input type="checkbox"/> Mixing Dental Cements <input type="checkbox"/> Implants</p>	<p>BUSINESS ADMINISTRATION:</p> <p><input type="checkbox"/> Receptionist <input type="checkbox"/> Financial Arrangements <input type="checkbox"/> Collections/Statements <input type="checkbox"/> Insurance <input type="checkbox"/> Appointment/Recall Scheduling <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Payroll/Taxes <input type="checkbox"/> General Ledger <input type="checkbox"/> Marketing <input type="checkbox"/> Computer Skills <input type="checkbox"/> Correspondence <input type="checkbox"/> Dental Software (please list below) _____ _____ _____</p>
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DENTAL DYNAMIC STAFFING

(d) EMPLOYMENT RECORD

From / /	To / /	Present or Most Recent Employer	Job title	Starting Salary	Ending Salary
Duties and Accomplishments (List All Product Knowledge)			Name-Position of Immediate Supervisor		Telephone NO. ()
Reason for Leaving					

(e) EMPLOYMENT RECORD

From / /	To / /	Present or Most Recent Employer	Job title	Starting Salary	Ending Salary
Duties and Accomplishments (List All Product Knowledge)			Name-Position of Immediate Supervisor		Telephone NO. ()
Reason for Leaving					

(f) EMPLOYMENT RECORD

From / /	To / /	Present or Most Recent Employer	Job title	Starting Salary	Ending Salary
Duties and Accomplishments (List All Product Knowledge)			Name-Position of Immediate Supervisor		Telephone NO. ()
Reason for Leaving					

(g) REFERENCES

List the names of three co-workers or professional acquaintances that are familiar with your skills, whom we may contact.

Name	Address	Telephone NO. ()	Occupation	Years Acq.
1.				
2.				
3.				

The Information Presented Herein Is True An Correct To The Best Of My Knowledge

SIGNATURE _____

DENTAL DYNAMIC STAFFING

APPLICANT'S CERTIFICATE AND RELEASE:

I certify that all information I have provided in order to apply for employment for Dental Dynamic Staffing (DDS) is true, correct and complete. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect may result in (1) no further consideration of this Application (2) my immediate discharge by Dental Dynamic Staffing when it is discovered.

I authorize Dental Dynamic Staffing, LLC to conduct any reference or background checks they deem appropriate. I also authorize DDS to obtain information from employers, public agencies, licensing authorities, educational institutions, or organizations, and to otherwise verify the accuracy of all information provided by me.

I hereby release Dental Dynamic Staffing, LLC and its employees, agents and affiliates from any and all liability relating to conducting or obtaining any reference or background checks, including my credit or criminal background history, and the use of such information. I further release all employers, public agencies, licensing authorities, educational institutions, or organizations from all liability in responding to any reference check, credit history, or criminal background inquiries by or on behalf of DDS.

This Application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no employee, agent or representative of Dental Dynamic Staffing, LLC is authorized to make any assurances to the contrary unless they are in writing and signed by Dental Dynamic Staffing, LLC President or a DDS Recruiter.

I certify that I have read, fully understand, accept and agree to all terms of the foregoing Independent Contractor Agreement.

Signature of Applicant

Date: _____

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DDS OSHA COMPLIANCE EXAM

(Please chose the correct answer(s))

- The most important procedure a dental professional can do to control office infection is:
 - dispose of needles in sharp container
 - good hand washing technique
 - take vital signs frequently
- Proper protective gear includes:
 - Gloves
 - Mask
 - Gown
 - All of the Above
- A Dental Professional is responsible for what when having a cold:
 - throwing away contaminated tissues
 - washing hands frequently
 - all of the above
- A dental professional should wash hands for how many seconds to be effectively washing?
 - 30 seconds
 - 1 minute
 - 15 seconds
 - 5 seconds

HIPAA Exam

- What is HIPAA?
 - The Health Insurance Portability and Accountability Act of 1998
 - The Human Interest Protection and Accountability Act of 1996
 - The Health Insurance Portability and Accountability Act of 1996
 - The Human Interest Protection and Accountability Act of 1998
- Who enforces the HIPAA privacy rules?
 - Office of Civil Rights (OCR)
 - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
 - Federal Drug Administration (FDA)
 - Federal Bureau of Investigation (FBI)
- What is Protected Health Information (PHI)?
 - Anything about a patient's past, present and future medical treatment and conditions
 - Information from billing and payment records for the provision of health care services
 - Anything that can be used to identify a patient such as an address, birth date, driver's license, insurance card, phone number, picture id, relative's name, school, social security number
 - All of the above
- What kind of information is subject to HIPAA regulations?
 - Oral communications such as phone conversations and communications between healthcare workers in the place of employment
 - Electronic documents such as claims or information on the computers at the place of employment
 - Written documents such as medical records and open patient bedside charts
 - All of the above
- A signed Authorization for Release is required from a patient in order to disclose information regarding healthcare operations, payment, and treatment.
 - True
 - False
- The patient's rights under HIPAA include the right to review, obtain copies of, and request amendment to one's medical records.
 - True
 - False
- HIPAA regulations stipulate that healthcare providers can access any patient information they choose at their place of employment.
 - True
 - False
- What healthcare entities are covered under HIPAA?
 - Care providers including physicians, nurses, technicians, researchers and all employees and volunteers at medical institutions/facilities
 - Clearinghouses who transport information from entity to entity
 - Health Insurance carriers
 - All of the Above
- Healthcare providers are exempt from civil and criminal penalties, including imprisonment if they do not comply with Federal Privacy Regulations.
 - True
 - False

DENTAL DYNAMIC STAFFING SAFETY ON THE JOB

- ◆ It is our sincere hope that you are never injured on an assignment. However, if you are injured on the job we want you to have the best medical care possible and receive all benefits in a prompt manner. In order for that to take place you must be aware of the following:
- ◆ You must practice the Codes of Safety for your general work area and job (see below)
- ◆ You must comply with personal protective equipment requirements for your job.
- ◆ You must report any unsafe working conditions to our office immediately.
- ◆ If injured on the job you must notify our office immediately! An injury report form must be filled out within 24 hours of your injury. Failure to report your injury immediately could affect your eligibility for benefits.
- ◆ The use, possession, or sale of illegal drugs or alcohol on company or facility property is strictly prohibited. If injured on the job you may be required to submit to a drug and alcohol test. If you refuse to take the test you will automatically forfeit any workers compensation benefits. If results of such tests are positive you may possibly forfeit workers compensation benefits and may be released from employment.
- ◆ Blood borne Pathogens/Infectious Disease, Title 29 of the Code of Federal Regulations, Part 1910.1030-1034, OSHA 3127 Occupational Exposure to Blood borne Pathogens
- ◆ Prevention of Needle stick and Other Sharp Injuries Federal Reg. 66-5317-5325 Needle stick Safety and Prevention Act, Federal Bill HR 5178 (P.L. 106-430) OSHA Directive CPL 2-2.69 (revision of 29 CFR 1910)
- ◆ Tuberculosis Control Program, 29 CFR 1910.139, Respiratory Protection for M. Tuberculosis.
- ◆ Handling of Hazardous Materials, 29 CFR 1910.120
- ◆ Hand washing and infection control, Guidelines for Hand Washing and Hospital Environmental Control, 1985, CDC guidelines.
- ◆ Age Specific Job Requirements and Nursing Implications, Ergonomics for Healthcare Workers, OSHA 3125
- ◆ Violence in the Workplace, Employee Workplace Rights, OSHA 3021
- ◆ Electrical Safety, OSHA 29 CFR Part 1910.335 Safeguards for Personal Protection.
- ◆ Fire Safety, OSHA 29 CFR 1910.155-165, subpart L

DENTAL DYNAMIC STAFFING

HIPAA Privacy Training Module

INSTRUCTIONS:

Please read pages 1 and 2. If you have questions, call our office {800-551-1777} or email nicholet@dentaldynamicstaffing.com If there are no questions, please sign the Certification page and return to our office with your application. This training and agreement is required and mandatory.

1. What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) established a mandatory procedure for enacting federal legislation and regulations to protect, among other things, the privacy of “individually identifiable health information” (“PHI”). HIPAA also established the wrongful use or disclosure of PHI as a felony punishable by civil and criminal penalties.

2. What are the HIPAA Privacy Regulations?

The Department of Health and Human Services ("HHS") published the final HIPAA Privacy Regulations ("Regulations") during August 2002. These Regulations, which went into effect on April 14, 2003 for most covered entities, established certain minimum standards that protect the privacy and security of individually identifiable health information ("PHI") from state to state.

3. What type of information qualifies as PHI protected by the Privacy Regulations?

Any individually identifiable health information concerning health status, treatment or payment that is transmitted or maintained by a Covered Entity, using any form or medium (i.e., the spoken word, paper documents, facsimiles, electronic transmissions), is protected. Certain education and employer records are excluded.

4. Who qualifies as a Covered Entity?

The term “Covered Entity” means any person or entity who qualifies as a (a) health care provider that submits at least one of the "standard" HIPAA transactions electronically (e.g., claim for payment); (b) group health plan; or (c) health care clearinghouse under the Regulations. For purposes of Dental Dynamic Staffing assignments, our client(s) qualify as a covered entity under the final Regulations.

5. Under what circumstances will these Regulations apply to Dental Dynamic Staffing personnel working for one of our clients?

Dental Dynamic Staffing qualifies as a "Business Associate" to our dental offices/clients under the Regulations because our personnel will be expected to use and disclose PHI in providing patient care or other related services for or on behalf of our clients.

6. What requirements apply to Dental Dynamic Staffing personnel under the Regulations?

All Dental Dynamic Staffing personnel must review this "HIPAA Privacy Training Module" and sign and return the Certification Form to Dental Dynamic Staffing prior to being scheduled for any assignments. All Dental Dynamic Staffing personnel will also be expected to participate in specific HIPAA training conducted by the client(s) for whom personnel are scheduled to provide services. Finally, all Dental Dynamic Staffing personnel must remember that, at all times, they must: (i) Not use or disclose PHI, except as permitted by contract or required by law or regulation; (ii) Maintain appropriate safeguards to prevent misuse and inappropriate disclosure of PHI; and (iii) Report unauthorized uses or disclosures of PHI to the particular health care client and Dental Dynamic Staffing staff.

7. What types of civil and criminal penalties can be imposed for noncompliance?

Penalties for non-compliance resulting in misuse or wrongful disclosure of PHI are as follows:

- a. Civil money penalties of \$100 per incident, up to \$25,000 per person, per year, per standard; and
- b. Federal criminal penalties of up to \$50,000 and one year in prison for improperly obtaining or disclosing PHI; up to \$100,000 and up to five years in prison for obtaining PHI under “false pretenses;” up to \$250,000 and up to 10 years in prison for obtaining or disclosing PHI with the intent to sell, transfer or use it for commercial advantage, personal gain or malicious harm.

DENTAL DYNAMIC STAFFING

HIPAA PRIVACY PERSONNEL CERTIFICATION

I hereby acknowledge and agree that as a condition of my employment with Dental Dynamic Staffing:

- 1) I have reviewed the HIPAA Training Module in full.
- 2) I agree to maintain the confidentiality of any and all protected health information ("PHI") of patients that I may access, use or disclose while providing services at one or more health care facilities as an employee of Dental Dynamic Staffing, even after my employment relationship has terminated or otherwise expired.
- 3) I understand that if I fail to maintain the confidentiality of PHI of our patients:
 - a. I am at risk of disciplinary or other corrective action by Dental Dynamic Staffing, up to and including termination of my employment.
 - b. I may be personally at risk of civil or criminal penalties pursuant to applicable laws and regulations, including but not limited to the Health Information Portability and Accountability Act of 1996 ("HIPAA") and certain privacy and security regulations declared there under.

Signature

Printed Name

Date

DENTAL DYNAMIC STAFFING

APPLICANT'S UNDERSTANDING OF RESPONSIBILITIES

1. I state that the information and all documents I submitted are current, accurate and complete without any false statements. I understand that false statements are grounds for termination.
2. I understand that **Dental Dynamic Staffing** requires all persons to submit proper proof of identity, pass random drug testing and a criminal background check upon request of the dentist. Requests must be completed within 12 hours of original request. Failure to do so will lead to termination.
3. I understand I have the right to refuse a job assignment from **Dental Dynamic Staffing** at the time a staff member discloses the assignment. I also understand that I must contact a staff member within 24 hours before my assignment begins if I need to communicate a schedule conflict. Failure to do so will lead to termination.
4. I understand and agree that this application is not an employee contract. I agree to follow all rules and policies of **Dental Dynamic Staffing** and those of any client(s) with whom I am assigned to work. Failure to follow rules/policies will lead to termination.
5. I understand that my work assignments are based on my professional experience, educational background, licensing and certifications according to the requirements of the **Dental Dynamic Staffing** clients. When jobs are assigned schedules and/or locations may be subject to change. I will not hold DDS or their clients responsible for lack of assignments due to schedule conflicts and/or deficient qualifications.
6. I understand that, when seeking direct work within a dental office, I am not to contact any client whom **Dental Dynamic Staffing** assigns me for a period of one year.
7. I understand that I should not discuss any **Dental Dynamic Staffing** information such as pay rate, bonuses or benefits with anyone other than **Dental Dynamic Staffing** members.
8. I understand that I am responsible for communicating when I am available for work (either temporary assignments or permanent placement) with **Dental Dynamic Staffing**.
9. I understand that once I accept a work assignment I am responsible to work during the agreed hours as well to work the entire assignment dates. Failure to do so will lead to termination and will be subject to our minimum wage policy.
10. I understand that any offers for direct employment by any clients must be authorized by **Dental Dynamic Staffing** prior to acceptance.
11. I understand that if any incident should occur while working on clients premises that I will immediately contact **Dental Dynamic Staffing** to discuss the incident.
12. I will immediately contact **Dental Dynamic Staffing** should a client alter the nature or duration of my assignment.
13. I understand that the acceptance of any additional assignment offered by any client must be approved by **Dental Dynamic Staffing** prior to acceptance.
14. Timesheet must be received by **Dental Dynamic Staffing** every week for the previous week's assignment no later than **Monday at 8:30 am**. If received after the 8:30 deadline pay may be delayed by one week.

DENTAL DYNAMIC STAFFING

EMPLOYEE GUIDELINES AND PROCEDURES

1. Be punctual. If you are running late or are unable to go you need to contact Dental Dynamic Staffing immediately.
2. Dress professionally and use appropriate language at all times.
3. Any attempt to secure a position, that violates our contract, will be subject to the following
 - a. You will be billed 20% of your annual salary.
 - b. You will be conspiring to commit fraud and you will be prosecuted.
4. If you are terminated or resign you may not revisit, call or contact the Dental Dynamic Staffing client where you were placed.
5. Your pay is a combination of an hourly minimum wage plus a bonus based on turning your time sheets in prior to deadline.
6. If you are terminated due to violation of our APPLICANT'S UNDERSTANDING OF RESPONSIBILITIES you will forfeit all current or all future bonuses.
7. I have authorized Dental Dynamic Staffing to disclose this application and any information obtained during the interview process for accreditation audit, contractual, federal, or state purposes as well as any of my disciplinary records, performance appraisals, or skill tests.
8. If you do not complete an assignment without giving a 24hr notice you will forfeit all current or future bonuses.
9. If you fail to communicate directly with a Dental Dynamic Staffing member when calling off you will forfeit all current or future bonuses. Voice mail message are not acceptable you must speak with a recruiter directly.
10. If Dental Dynamic Staffing leaves you a message for future assignments, it is expected to be returned within 24 hours. Failure to return calls, emails or fax DDS will consider this as a voluntary quit.
11. If Applicant accepts a position on their own and is no longer available to sub or looking for full time opportunity candidate must notify DDS and change their availability status.
12. If Applicant becomes available again once registered with DDS the applicant must notify DDS of their new availability and update their record on file.
13. Upon completion of an assignment it is the applicant's responsibility to contact DDS within 48 hours to update availability or check for further assignments. Failure to do so the applicant will be considered as a voluntary quit.

I agree that I have been informed of the requirements of the work for which I am applying, and that the information on this application is correct and complete to the best of my knowledge. I understand that it shall be grounds for immediate dismissal if any of the information contained herein is found to be untrue. I authorize you and all former employers, given by me as references to answer all questions and to give all information in connection with this application or in any way concerning me. I understand that if accepted for employment, I will be working for you on your payroll, at your client's premises. I agree that I will obtain your permission before discussing permanent employment with your client. I agree to immediately notify you at the conclusion of each assignment or as soon as I become available. I fail to give such notice, you may assume that I am not available for reassignment, and am not ready, willing and able to work. I understand that any information I learn while working for a client is to be kept confidential. I agree to take a drug & alcohol test if I have a workman's comp injury while your employee. I agree, if employed by you, that if I ever make claims against you for personal injuries, upon your request I shall submit to examinations by physicians of your selection. I will hold you harmless for any claims including, but not limited to, personal injury or illness as a result of my providing false or misleading information on this application. I hereby acknowledge that my employment is "at will", that I may resign at any time and the company terminates my employment at any time, with or without cause.

X _____

Applicant Signature

DATE

X _____

Dental Dynamic Staffing Recruiter Signature:

DATE