

# Dental Temporary Services

1750 Shepherd Lane, Foristell, MO 63348

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## NON-SOLICITATION / AGREEMENT

Dental Temporary Services agrees to pay \_\_\_\_\_ for performing dental services on a temporary basis at a rate of \$\_\_\_\_\_per hour.

Per a 1996 ruling by Missouri Division of Employment Security, temporaries for Dental Temporary Services are independent contractors. All taxes and insurances are the responsibility of the contractor. Form 1099 will be issued at year end if earnings reach \$600.

Solicitation between dental office and referral is not allowed. Notification of such activity should be immediately reported to Dental Temporary Services. Current status (active, inactive, past or present) of either party with Dental Temporary Services does not nullify or void this clause. If an office employs a referral temporarily or permanently notification by referral of dates must be given to Dental Temporary Services. Person signing this agreement and not notifying Dental Temporary Services of such activity will be a party to legal action taken in these cases.

Requests or changes from clients should be made through Dental Temporary Services. When requests or changes are made directly to the temporary it is mandatory that you advise the office to contact Dental Temporary Services for approval.

Giving your phone number to clients of DTS is strictly prohibited and will mean termination of relationship with DTS.

Paychecks are issued following proper submission of time card and the agency is paid by dental office. (Approximately 10-14 days from service date) Temporary is responsible to fax or email time card to Dental Temporary Services.

UNLESS IT IS AN EMERGENCY do not call the cell number. Call the office number.

In the event of cancellation of accepted assignment temp must speak personally to Dental Temporary Services. No messages may be left. Texting is not an acceptable form of cancellation. .

When on assignment temporaries are under direction of the dental practice. Please notify Dental Temporary Services if released early.

If 48 hours cancellation notice is not given on accepted assignments, temporary will be placed on permanent inactive status.

### **Please return:**

- (1) a signed copy of this agreement
- (2) completed work history
- (3) copy of drivers license
- (4) RDH license(s)

I have read the above policies and agree to all. I hereby authorize past employers to release to Dental Temporary Services such information including but not limited to assessments of my performance, dates of employment and salary. I release all parties any and all liability as a result of providing this information.

\_\_\_\_\_  
Temporary's Signature

\_\_\_\_\_  
Marcia L. Nicely/ dba Dental Temporary Services

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
SS #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Days availability please

**WORK HISTORY**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**DENTAL ASSISTANTS:**

**DA SCHOOL:** \_\_\_\_\_ **YEAR GRADUATED:** \_\_\_\_\_ **EFDA** \_\_\_\_\_ **CDA** \_\_\_\_\_

- TAKING XRAYS                      \_\_ DIGITAL                      \_\_ TRADITIONAL
- DEVELOPING XRAYS                \_\_ TANK                        \_\_ AUTO PROCESSOR
- TAKING IMPRESSIONS              \_\_ FINAL                      \_\_ TEMPORARIES
- PLACING RESTORATIONS
- CARVING RESTORATIONS
- PACKING RETRACTION CORD
- MAKING TEMPORARIES              \_\_ CUSTOM                    \_\_ PREFAB
- BLEACHING TRAYS
- PROPHYLAXIS
- ORAL SURGERY
- ORTHODONTICS
- ENDODONTICS
- PERIODONTICS
- COMPUTER                         SOFTWARE USED: \_\_\_\_\_

**RECEPTIONISTS:**

- COMPUTER                         SOFTWARE USED: \_\_\_\_\_
- INSURANCE
- BILLING
- OTHER \_\_\_\_\_

**RDH:**

**Year Graduated:** \_\_\_\_\_ **Hygiene School:** \_\_\_\_\_

- INFILTRATION ANESTHESIA
- PERIODONTICS
- BLEACHING TRAYS
- SEALANTS
- OTHER \_\_\_\_\_

**WORK HISTORY**

Please list last three dental practices and dates of employment.

**DENTISTS NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE : \_\_\_\_\_ EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

EARNINGS PER HOUR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**DENTISTS NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

EARNINGS PER HOUR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**DENTISTS NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

EARNINGS PER HOUR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_