

DENTAL SOCIETY OF GREATER ORLANDO
DENTAL PERSONNEL PLACEMENT SERVICE
800 NORTH MILLS AVENUE
ORLANDO FLORIDA 32803

NAME: _____
(LAST) (FIRST) (MIDDLE)
ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)
PHONE # _____
(HOME) (CELL)
E-MAIL _____

POSITION DESIRED: _____ DATE TO BEGIN: _____
LOCATION: _____ SPECIALTY: _____
CURRENT EMPLOYER: _____ GIVEN NOTICE: _____
MAY WE INQUIRE YOUR CURRENT EMPLOYER? _____

AVAILABILITY: FULL TIME _____ PART TIME _____ DAYS _____

SUBSTITUTE DAYS AVAILABLE: M ___ T ___ W ___ TH ___ F ___ S ___
(Must have 1+ year experience for sub availability)

DENTAL HYGIENE SCHOOL: _____
LICENCE #: _____ YEAR GRADUATED: _____
ROOT PLANING & CURRETTAGE _____ CPR _____

DENTAL ASSISTING SCHOOL: _____
YEAR GRADUATED: _____
FLORIDA EXPANDED FUNCTIONS: _____ RADIOLOGY CERTIFICATION; _____
CDA: _____ TEMPORARY CROWNS: _____ CPR _____
COMPUTER PROGRAMS _____

FRONT OFFICE: PLEASE CHECK ALL THAT APPLY
INSURANCE: _____ COMPUTER _____ APPOINTMENT CONTROL _____
COMPUTER PROGRAMS _____

LANGUAGES: _____

The information given on this application is accurate and is subject to verification by the placement service. By participating in the Personnel Placement Service, the employer and employee agree to forever indemnify, release and hold harmless, without qualification the Dental Society of Greater Orlando, Inc. From any and all liabilities, claims, loses or expenses incurred because of such participation by the employer or the employee in the Dental Personnel Placement Service or because of inaccurate or false data provided by such participants.

Under penalty of perjury, I declare that I have read the guidelines of the Dental Personnel Placement Service. The employment data disclosed by me is true and accurate to the best of my knowledge and belief. By executing this, I agree to comply with these guidelines, as of the date indicated below.

Signature: _____ Date: _____

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DENTAL PERSONNEL PLACEMENT SERVICE
Guidelines for the Dental Personnel Placement Service

Please Initial:

_____ **IT IS REQUIRED THAT APPLICANTS GIVE A TWO-WEEK NOTICE TO THE EMPLOYER, IF NOT, THE SERVICE WILL NOT ASSIST HIM/HER AT ANY FUTURE TIME.** If the employer does not wish to accept the notice period, or if he/she terminates an employee, severance pay should be given. Exception would be specified trial periods.

_____ When applicant's names are given to dental offices for positions that are open, professional courtesy demands that **ALL** calls be returned in a timely manner. Likewise, if an applicant sets an appointment for an interview with either a dental office or the placement service and cannot keep the appointment, it is **required** that the office be notified. Violation of either of these rules will result in the applicant no longer being eligible to use the placement service.

_____ Files on applicant are considered open for one year. If an applicant accepts a position with a starting date, and prior to that date takes another job, failing to call or notify the first doctor until he/she is due to start, or just does not show, the Service is under no obligation to assist him/her at any future time. All rules apply to both permanent or substitute positions.

_____ The Service needs to know, from both doctors and applicants, the reasons for leaving or termination in order to better assist both parties.

_____ It is requested that all doctors participating in the Service report regarding interviews, hiring, etc.

_____ The Service will not discuss salaries or benefits of employers with applicants. Office hours, benefits, and salaries vary from office to office and should be discussed with your prospective employer or his or her office manager. An employee will be paid what the employer feels he/she is worth.

_____ **The Board of Director reserves the right to reject, dismiss, or prohibit any individual from participation in the Dental Personnel Placement Service, if such individual has not accurately disclosed his/her employment data or if such individual's prior or present employment activities do not conform with the ethical standards of the dental profession.**

_____ **Termination from using the Placement Service is at the discretion of the Dental Placement Coordinator and the Executive Director of DSGO based upon poor attendance, no show situations or poor behavior in any of our represented offices.**

Under penalty of perjury, I declare that I have read the guidelines of the Dental Personnel Placement Service. The employment data disclosed by me is true and accurate to the best of my knowledge and belief. By executing this, I agree to comply with these guidelines, as of the date indicated below.

Name _____ (Please Print)	Date _____
Amount Due \$ _____	
Amount Paid \$ _____	Cash _____ Check # _____ Credit Card _____
Auxiliary's Signature: _____	Personnel Initials: _____

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(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize The Dental Society of Greater Orlando to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. Said background check would be per request of a potential employer, a member Dentist of the Dental Society of Greater Orlando. I understand that The Dental Society of Greater will utilize MAF Background Screening to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Employee's Name – Printed

Signature of Employee

Date