

DenTemps, Inc. PO Box 1785 Pittsboro, NC 27312 (919) 461-9655 Fax: (919) 468-4530	Temp. Name		Dental Office						
	Temp. Address		Temp. SS#						
Note: Half day minimum on all assignments (4 hours). We understand that the services provided by DenTemps, Inc. are made possible as a result of personnel screening. In consideration of this service to us we agree that in the event the above named employee is hired by our office within twelve (12) months following the most recent date of their service, we agree to pay DenTemps, Inc. a placement fee. We further agree that if the above named employee is contracted to work in our office as a temporary they will be contacted through DenTemps, Inc. and not directly. The signature below constitutes acceptance in full of all information on this card. Signature of Dentist or Authorized Representative Sign here: _____ Position/Title: _____ Dentist's Name: _____	City	State	Zip	Temp. # of Dependents					
	Hyg. <input type="checkbox"/> Asst. <input type="checkbox"/> F.D. <input type="checkbox"/> D.D.S. <input type="checkbox"/>		<table border="1"> <tr> <th></th> <th>M</th> <th>S</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			M	S		
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EMPLOYEE MUST SIGN THIS FORM To accept assignment in this office again I understand that prior agreements must be made through DenTemps, Inc. and not directly by me. I, furthermore, agree to complete and return the time sheets to the DenTemps, Inc. office on a bimonthly basis. Employee Signature: _____	Date	Morning Hours	Afternoon Hours						
	Mon.								
	Tues.								
	Wed.								
	Thurs.								
	Fri.								
	Sat.								
	Sun.								
	Weekly Total # hrs _____ x \$ _____ = _____								
Mail copy to DenTemps 15th and last day of month	Leave copy for dentist		Keep copy						

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