



STAFFING AGENCY Est. 1997

114 Lyons Avenue
Wayne, NJ 07470
(973) 628-9777

Dear Auxiliary:

Thank you for listing with our agency. We service the dental profession exclusively and therefore are in a better position to help you find what you are looking for. There is never a fee for our services to you, but we do ask that you follow the listed requests.

1. Please be prompt for all appointments.
2. Please call the dentist if you will be late for an interview or have to cancel or reschedule an appointment or cancel a temping position. Make sure you have the Doctor's phone number with you when starting out for an appointment in case you get lost or misplace the directions.
3. Please dress professional for all interviews or temping positions.
4. After an interview, please call us with the results.
5. We do our best to contact you when a position becomes available. It is your responsibility to return our calls to receive the necessary information.
6. If the position is temporary placement, it is very often as emergency or short notice calls. We must know as soon as possible whether you are available or not. For a temporary assignment we ask that you arrive 15 minutes prior to start time, dressed appropriately, white shoes or sneakers (clean). Payment differs from office to office.
7. The doctor will pay you directly. **IT IS YOUR RESPONSIBILITY** to notify the agency if the dental office asks you to work any additional days... Please leave a message on the machine when the office is closed. Or call my home phone at (973) 694-4918 if any emergency arises and leave a message if not available at that time.
8. Please notify the agency of any changes that may occur, such as telephone numbers, address or in a current work status. If you have or at some time acquire a cell phone, please make sure we have the number to contact you.

Our Agency wants to welcome you aboard.

Yours truly,
Darlene Contey



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I hereby understand that I have chosen to work as a temporary or permanent dental Auxiliary for Dental Connections Inc. and will not hold Dental Connections Inc. responsible for any dental job incidences in any way.

I will not allow myself to be directly solicited for temporary work by the dental office once I am on assignment.

If I am introduced to the dental office and permanent placement is made, I understand that a permanent fee is due from that office to Dental Connections Inc.

If I do accept a permanent or temporary position and choose not to inform Dental Connections Inc., who had initially made the introduction, I am aware that I am thoroughly liable to Dental Connections Inc. for the permanent fees.

I do represent Dental Connections Inc. and I do agree that I will do so with the best of my dental skills and knowledge.

I _____ agree to this binding contract.

Date: _____

Witnessed by: _____