Temporary Fill-Ins South, Inc.

Application for Employment

Date_____/ _____/ _____ Date you can start_____

Personal Information

Name_____

Address_____

City_____State_____Zip_____

SSN_____/ _____/ _____ DOB_____/ _____/ _____

Telephone(_____)_____ Cell (_____)_____

Position interested in _____

Days Available (Circle): MON TUE WED THURS FRI SAT

Current Employer_____

May we inquire of your current employer? _____ Yes_____ No

Years of Experience_____ Salary Desired_____

Hobbies and Interests_____

_____

_____

Do you have a criminal history? YES/NO
Explain_____

Do you have any outstanding warrants? YES/NO
Explain_____

Hygiene License #_____Expiration Date_____

Nitrous Oxide Certified: Yes/ No CPR: Yes/ No Expiration Date:_____

Local Anesthesia Certified: Yes/ No

Are you comfortable with Perio Therapy? Yes/ No Explain_____

_____

Temporary Fill-Ins South, Inc.
PO Box 630764
Highlands Ranch, CO 80163
P: 1.866.DDS.STAF P: 303.790.8289
F: 303.790.2415

DENTISTS:
Dental License Number_____ Expiration Date_____
Where did you attend dental school? _____
Year of graduation_____
When did you receive your Colorado Dental License? _____

HYGIENISTS:
Colorado Dental Hygiene license number_____Expiration Date_____
Where did you attend dental hygiene school? _____
Year of graduation_____
Are you comfortable performing Periodontal treatment? (deep scaling/ root planning) YES NO
Are you certified to administer local anesthetic? YES NO
(Please provide copy of certification)
Are you certified to administer Nitrous Oxide? YES NO
Are you CPR certified? YES NO Date of certification_____
Have you had your Hepatitis B Vaccinations? YES NO

ASSISTANTS:
Are you X- Ray certified? YES NO Date of certification_____
(Please provide copy of certification)
Can you take Alginate impressions and pour models? YES NO
Have you been trained in OSHA standards and regulations pertaining to dental office procedures? YES NO
Have you received your EDDA certification? YES NO
(Please provide copy of certification)
Have you had your Hepatitis B Vaccinations? YES NO
Are you CPR certified? YES NO Date of certification_____

FRONT OFFICE :
What dental computer programs are you familiar with? _____
_____
_____

REFRENCES (Please list the names of three persons not related to you for whom you have known for at least one year)

Name	Address	Phone	Years Known	Occupation

Temporary Fill-Ins South, Inc.
PO Box 630764
Highlands Ranch, CO 80163
P: 1.866.DDS.STAF P: 303.790.8289
F: 303.790.2415

EDUCATION BACKGROUND

High School_____ Year Graduated_____

College Associates/Bachelors _____ Year Graduated_____

Degree_____

EMPLOYMENT HISTORY

DATE MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	PHONE	SALARY	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				

AUTHORIZATION:

By signing below, I certify that the facts contained in this application are true and understand that, if employed, falsified statements on this application will be grounds for immediate termination. I authorize investigation of the above statements, references and employer information (current and previous) I have supplied on this application or during my interview. I authorize the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date_____ Signature_____

Temporary Fill-Ins South, Inc.
PO Box 630764
Highlands Ranch, CO 80163
P: 1.866.DDS.STAF P: 303.790.8289
F: 303.790.2415

Health Practice Information Agreement

This agreement entered upon this the _____ day of _____200_____is by and between _____of Temporary Fill- Ins South (further referred to as TFIS) and between_____ _____Temporary Fill- Ins South associate (further referred to as Associate).

Temporary Fill- Ins South has the responsibility for safeguarding Protected Health Care information (further referred to as PHI) of clients (dental office). PHI includes all health records, dental records and personal information of an individual in any form including paper, electronic, computer or verbal.

The associate agrees to not use or disclose PHI other than as permitted or required by this agreement or as required by law.

Associate agrees to report to TFIS any use or disclosures of the PHI not covered by this agreement of which the Associate becomes aware.

Associate agrees to ensure that any agent, representative or employee of TFIS including a subcontractor, to whom it provides PHI from the Dental Health care practice, agrees to the same restrictions and conditions that apply through this agreement to Associate. Associate agrees to make PHI and related records obtained from the Dental health Care Practice (further referred to as DHCP) available to the Department of Health and Human Services to determine the DHCP's compliance with the Privacy Role.

The DHCP agrees to disclose PHI to associate the minimum amount of PHI necessary for the Associates purposes. Except and otherwise limited in this agreement, Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of the DHCP, provided that such use or disclosure does not violate the privacy role.

If Associate violates the basis of terms of this agreement, the DHCP will make reasonable attempts to resolve the violations. If a resolution is not feasible, the DHCP will report the violation to the Department of Health and Human Services.

Upon Termination of this agreement, for any reason, the Associate shall return or destroy all PHI received from the DHCP.

Associate shall retain no copies of DHCP.

Associate is not to sell or share any information of the DHCP if any information is known concerning this practice please report it to the Department of Health and Human Services. Any ambiguity in this agreement shall be resolved to permit the DHCP to comply with the Privacy Role.

_____Date Effective_____
Temporary Fill- Ins South Dental Associate

_____Date Effective_____
Temporary Fill- Ins South
Christine L. Kennedy

Temporary Fill-Ins South, Inc.
PO Box 630764
Highlands Ranch, CO 80163
P: 1.866.DDS.STAF P: 303.790.8289
F: 303.790.2415