

# **TEMPS ARE US, Inc.**

11 Barber St., Medway, MA. 02053

**Phone (508)533-7855**

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[www.temps-are-us.com](http://www.temps-are-us.com)

[tempsrus@comcast.net](mailto:tempsrus@comcast.net)

Please tell us something about yourself using the form below.  
All information will be kept strictly confidential.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Pager/Cell: #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Education Completed: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Mon  Tues  Wed  Thurs  Fri  Sat

Are you willing to travel? Yes  No

What State(s)/Cities: \_\_\_\_\_

Have you had any experience in the following specialty fields?

Perio  Endo  Oral Surgery  Pedo  Ortho  Prostho

Are you interested in a Permanent Position? Yes No

Are you interested in a Temporary Position? Yes No

I am a:	Chairside Assistant	<input type="checkbox"/>	Registered/Certified Dental Assist.	<input type="checkbox"/>
	Dental Receptionist	<input type="checkbox"/>	Office Manager	<input type="checkbox"/>
Dental Hygienist <input type="checkbox"/>		Dentist <input type="checkbox"/>		

Certified Dental Assistant # \_\_\_\_\_

Dental Hygienist License # \_\_\_\_\_

Please tell us your hourly rate: \_\_\_\_\_

**Do you:**

- Take X-Rays
- Four-handed Chairside
- Operate Autoclave
- Perio Chart
- Develop X-Rays
- Mix Alginate
- OSHA Prescribe Sterilization
- Operate Dry-Clave
- Post Operative Instructions
- Soft Tissue Management
- Operate a Computer
- Schedule Appointments
- Mount X-Rays
- Make Trays/Temps
- & Disinfection
- Ultrasonic
- Oral Hygiene Instruction
- Know how to chart
- Computer System
- Fill out insurance forms

How did you hear about Temps Are Us, INC.? \_\_\_\_\_

**Employment History**

Please list two employers that can be checked for references by this agency:

1. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

### **Recent Employers**

From (Date): \_\_\_\_\_ To (Date): \_\_\_\_\_

Employer: \_\_\_\_\_

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

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From (Date): \_\_\_\_\_ To (Date): \_\_\_\_\_

Employer: \_\_\_\_\_

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

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Bilingual:  Yes  No

If so, what languages do you speak? \_\_\_\_\_

Additional work experience or training that you think we should know about?

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**Healthcare Auxiliary Informed Consent Statement**  
**Release of Information, IRS & Waqes Information, Hepatitis B Vaccine Information**

I the undersigned healthcare professional, acknowledge that you may receive requests from doctor's offices for information pertaining to my past employment in the form of a work history or a resume. I do authorize Temps Are Us, Inc. to release such information to any doctors or healthcare offices/facilities that may request such information.

I also understand that I have chosen to work as a healthcare auxiliary through Temps Are Us, Inc. and that as a representative of the agency I will utilize my healthcare skills and knowledge with the utmost professionalism. I will not allow myself to be directly solicited (offices calling you directly at home) for temporary or permanent work by any office or healthcare facility where Temps Are Us, Inc. has made the initial introduction or placement of a temporary assignment, or interview for permanent employment. If I am asked to return to an office or healthcare facility where Temps Are Us, Inc. has made the initial introduction, and I do accept additional temping days or a permanent position, I understand that it is **MY RESPONSIBILITY** to inform Temps Are Us, Inc. If I choose not to inform Temps Are Us, Inc., I am aware that I am liable to Temps Are Us, Inc. for the applicable fees incurred. (Temping fees / Permanent Placement fees)

**HEPATITIS B VACCINE / TB / PPD TEST**

The Hepatitis B Vaccine is strongly recommended to all clinical auxiliaries in the medical and dental professions. It is not a requirement (for certain personnel) yet, but if you are considered clinical healthcare personnel and the possibility of exposure to blood and body fluids is part of your clinical work environment, it is a preventative option to be considered if you haven't already had the series.

Please check the appropriate statement. If you have proof of negative tests, you may be asked to submit same prior to employment.

- I have not been given the Hepatitis B Vaccine Series of injections.
- I have been given the Hepatitis B Vaccine Series of injections.
- I have proof of negative TB Test.
- I have proof of negative PPD Test.