

Dental Temps, LLC
Information Sheet

Date:

Name:	Home Phone:
Address:	Cell Phone:
Town:	Email:
State:	Fax:
Zip Code:	SSN#
State Hygienist Licensed in:	DH License #
Date Assistant DANB Certified:	

AVAILABILITY

(Please circle)

Mon Tues Wed Thurs Fri Sat

Please list any time specifications:

CURRENT EMPLOYMENT:

OFFICES TEMP DOES NOT WANT TO WORK IN:

Are you interested in : Temping Permanent Placement or Both

Skills: Please circle

Hygienist

Perio scaling and root planing
Placing Arestin
Sealants
Flouride treatments
Local Anesthesia
Digital radiography
Familiar with computers

Assistant/Front Desk

Digital radiography
Familiar with computers & software
Specialty office _____
Making custom trays
Bleaching trays

Temporary crowns

How did you hear about Dental Temps, LLC ?

Website ___ CTjobs.com ___ Referral...who? ___ School...which one? ___ Other ___

How far will you travel to an assignment:

___ 30min ___ 45min ___ 1hr ___ 1hr+