



WELCOME ABOARD!

You have recently submitted an application to Dental Staffing Solutions for temporary and/or permanent work. DM Employer Services is the agency that processes payroll for Dental Staffing. In order to add you to our payroll we **MUST HAVE** all of the documents listed below. Please use this sheet as a checklist and cover sheet when returning your documents to us so that we will have everything needed to pay you on the Monday following the week in which you worked.

- How to create a digital signature for signing the documents in this packet
- General Safety Rules and Policies
- Acknowledgement and Authorization for Background Check
- Drug and Alcohol Testing Consent Form
- I-9 with the required documents. **PLEASE LIST THE DOCUMENTS YOU ARE PROVIDING IN SECTION 2 OF THE I-9. Acceptable Examples: 1) Driver's License AND Social Security Card (preferred); OR 2) Driver's License and Birth Certificate; OR 3) Valid US Passport; OR 4) Driver's License and US Citizen ID Card (Form I-197). ALL COPIES OF IDENTIFICATION MUST BE LEGIBLE COLOR PHOTO COPIES, NOT SCANNED COPIES. (NOTE: You may take a picture of all photo IDs with your cell phone and email it to admin@dentalstaffingsolutions.com) Before sending the photo, please view it to be sure it is not too blurry to read. We must be able to identify you by your photo, so it must be legible. NO EXCEPTIONS! This is a requirement of USDHS.**
- Authorization for Automatic Payroll Deposits (be sure to provide the banking account information and provide your email address for payroll notifications).
- W-4 Tax Form

Your careful attention to providing this information is appreciated as it is critical to assuring that we have everything needed to set up your payroll account so that your first check can be issued on time. If you have any questions, please call us.

ALL DOCUMENTS MUST BE PROVIDED TO US NO LATER THAN THE END OF THE DAY ON FRIDAY OF THE WEEK DURING WHICH YOU WORKED. PROVIDED WE HAVE EVERYTHING WE NEED, PAYROLL WILL BE PROCESSED ON THE MONDAY FOLLOWING THE WEEK IN WHICH YOU WORKED AND WILL APPEAR IN YOUR ACCOUNT BEFORE NOON ON TUESDAY. IN THE EVENT OF A MONDAY HOLIDAY, WE WILL MAKE EVERY EFFORT TO PROCESS PAYROLL ON FRIDAY, BUT CANNOT GUARANTEE THAT WE WILL BE ABLE TO. IN THE EVENT WE HAVE TO DO OUR PAYROLL ON TUESDAY, YOU WILL NOT RECEIVE YOUR PAYROLL UNTIL WEDNESDAY OF THE WEEK FOLLOWING THE WEEK IN WHICH YOU WORKED.

SAFETY RULES & GENERAL POLICIES

These safety rules, procedures, and policies are developed to assist in achieving job safety to limit temporary worker accidents and to define the temporary worker's responsibilities to Dental Staffing Solutions and DM Employer Services. Some of these rules are OSHA requirements.

Temporary workers must follow the safety policies, rules and procedures established by OSHA and the temporary worker's assigned office at all times. Violations may result in termination of your temporary worker relationship with Dental Staffing Solutions.

1. Immediately report temporary worker's injury, no matter how small, to the supervisor/office manager/office manager (the term "supervisor/office manager/office manager" as referenced herein refers to the supervisor/office manager/office manager of the office to which temporary worker is assigned at the time of the injury). The injury should be reported within 24 hours to ensure proper filing of the incident.
2. All non-emergency treatment for accidents must be first authorized by the supervisor/office manager/office manager of the office to which you were assigned at the time of the accident.
3. Report to the designated medical facility for treatment. Non-approved treatment will be paid at your own expense. If it is a life threatening injury, immediately go to the nearest emergency room.
4. Hazardous conditions should be reported to your supervisor/office manager/office manager immediately for prompt correction. When in doubt about the safety of a situation, contact the supervisor/office manager/office manager to find the proper procedures.
5. Proper eye protection, gloves, shoes, appropriate clothing, and other personal protective equipment may be required and should be worn when mandated. Management will determine the safety equipment needed and insure you are properly equipped.
6. Obey all posted and spoken safety rules from the dentist, supervisor/office manager/office manager, and other office staff. If you have any question about what you have been told, go to the supervisor/office manager/office manager for clarification.
7. Temporary workers are expected to conduct themselves in a professional manner. Be courteous. Avoid distracting others as distractions may cause or contribute to accidents. Do not engage in horseplay on the job and keep chatting to a minimum. Cell phones should remain off or on mute when in the office.
8. Uncontrolled drugs and alcohol are prohibited in the vehicles and on company property. The possession or consumption of alcohol, drugs, or any controlled substance is against policy and violators are subject to dismissal.
9. Smoking is confined to designated smoking areas and never in the office.
10. Temporary workers should report any equipment or condition considered to be unsafe, as well as what they consider to be unsafe work practices. This type of information should be reported to the supervisor/office manager or to the person in charge at the time of the observation.
11. Temporary workers are not to use equipment or perform work activities not known to them, to the extent it could cause an unsafe condition.
12. Good housekeeping practices improve the safety for everyone. Report any unsafe conditions to your supervisor/office manager (such as slippery floors).
13. When lifting, use your legs and/or get assistance. Over 50 lbs., two persons will be used. Aids such as hand trucks, may be needed.
14. Wear seatbelts at all times when on company business, such as travel between offices.

Temporary employee is required to notify Dental Staffing Solutions of any and all solicitations by any and all dental offices to which you are referred by Dental Staffing Solutions to schedule additional days, future temporary dates for work, and permanent placement offers. Failure to do so may result in termination by Dental Staffing Solutions AND temporary worker may be responsible for fees lost as a result of the failure to report work scheduled without Dental Staffing Solutions' knowledge.

Print Name of Temporary Worker

Date

Signature of Temporary Worker

**ACKNOWLEDGEMENT and AUTHORIZATION for Background and Criminal Check
ACCEPTANCE of Policies**

Acknowledgement and Authorization for Background and Criminal Check

Application Certification Statement: I hereby certify that all of the information provided on my online application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in said documents will be cause for denial of or immediate termination of temporary work or permanent employment, regardless of the timing or circumstances of discovery. I further understand as a condition of my temporary worker status with Dental Staffing Solutions.com, Inc. and DM Employer Services, Inc. (hereinafter collectively referred to as "Agent") statements I have made either verbally or in writing in connection with my application for temporary work or permanent employment will be verified through various sources including but not limited to a **Criminal History Records search, former and current employers, and personal references.**

I hereby **AUTHORIZE** Agent to obtain any information contained in files pertaining to my employment and criminal history records including, but not limited to: achievement, attendance, hourly pay rate, dates of employment, personal history, disciplinary and termination records, whether eligible for rehire, and history of criminal arrests and convictions. I hereby direct any current or former employer, law enforcement, or background agency to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use only of Agent in conjunction with evaluating me for employment, or retention as an employee.

I hereby **RELEASE** the custodian of such records, educational institution, or other repository of records, including their officers, employees, agents, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, sort, or description, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

This acknowledgement and consent shall continue to be in effect during my active temporary worker status and in connection with any applications for permanent employment with or through Agent and will be active if I reactivate my status at any time in the future.

By providing my **ELECTRONIC ACCEPTANCE** of this Acknowledgement and Authorization, I **AGREE** that a fax or photocopy of this Acknowledgment and Authorization with my electronic signature will be accepted with the same authority as any document with my original signature.

Full Name: _____

Other Prior Names/Aliases: _____

Prior states and counties in which you have resided in the past 10 years: _____

Telephone: _____ Cell: _____

Applicant Printed Name Signature Date



Drug & Alcohol Testing Consent Form

Job Applicant/or/Employee Name: _____

Date: _____

Medical Review Officer: Bayfront Convenient Care and Walk-in Clinic
Certified Laboratory used: Medtox
3251 66th St N St. Pete, FL 33709
(727) 344-3627

Over The Counter & Prescription Drugs Which
Could Alter or Affect the Outcome of a Drug Test

ALCOHOL: All liquid medications containing ethyl alcohol (ethanol). Please read the label for alcohol content. As an example, Vick's Nyquil is 25% (50 proof) ethyl alcohol, Comtrex is 20% (40 proof), Contact Severe Cold Formula Night Strength is 25% (50 proof) and Listerine is 26.9% (54 proof).

AMPHETMINES: Obetrol, Biphemine, Desoxyn, Desedrine, Didrex

CANNABINOIDS: Marinol (Dronabinol, THC)

COCAINE: Cocaine HCl topical solution (Roxanne)

PHENYCYCLIDINE: Not legal by prescription.

METHAQUALONE: Not legal by prescription.

OPIATES: Paregoric, Parepetolin, Donnagel PG, Morphine, Tylenol w/Codeine, APAP w/ Codeine, Aspirin w/ Codeine, Robitussin AC, Guiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (hydromorphone), M-S Contin & Roxanol (morphine sulfate), Percodan, Vicodin, Etc.

BARBITUATES: Phenobarbitol, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebarol, Butabarbital, Butabital, Phrenilin, Triad, Etc.

BENZODIAZEPINES: Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax.

METHADONE: Dolophine, Methadose

PROPOXYPHENE: Darvocet, Darvon N, Dolene, Ect.

List the prescription drugs taken within the past 30 days:

Signature: _____

Date: _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		E-mail Address		Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

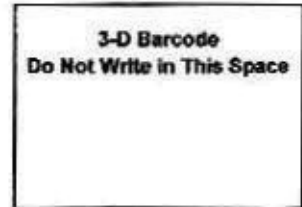
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code



Employer Completes Next Page



Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2015		
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____		
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Authorization for Automatic Payroll Deposits

I, _____, hereby authorize and instruct DM Employer Services, Inc. (hereinafter "DMES"), to deposit the amount of each of my payroll payments directly into my checking and/or savings account indicated below in the amounts/percentages indicated below in the Deposit Instructions. I grant DMES the right to correct **any** Automatic Payroll Deposits resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

I further hereby authorize and instruct any bank to accept such automatic deposits to and withdrawals from my account or accounts by DMES and to cause my account or accounts to be automatically credited or debited (as the case may be) in the amount of such deposits or withdrawals by DMES, without any responsibility for correctness of any such deposit or withdrawal. Further, I will not hold DMES, its employees, agents, or affiliates, liable for any fee that I may incur for any reason related to the Automatic Payroll Deposits and will hold harmless DMES in the event that my paycheck is late, misrouted, returned to the bank, or any other unforeseen cause or bank error and any and all results from that bank error.

DEPOSIT INSTRUCTIONS (check appropriate box):

Please deposit the full amount of each of my payroll payments to my CHECKING account.

Routing Number

Account Number

Please deposit the full amount of each of my payroll payments to my SAVINGS account.

Routing Number

Account Number

Please deposit the full amount, indicated below, of each of my payroll payments to my SAVINGS account and the balance of each payroll payment to my CHECKING account:

SAVINGS Whole %

Routing Number

Account Number

CHECKING Whole %

Routing Number

Account Number

I understand that I can cancel this Authorization at any time. To cancel, I must give written notice to both DMES and to my Bank.

I understand that all automatic deposits and credits to or withdrawals and debits from my account or accounts under this authorization will be subject to all rules, regulations, agreements and disclosure statements of DMES and the Bank governing accounts and preauthorized transfers to and from accounts.

By signing, I acknowledge receiving a completed copy of this authorization on the date I signed below and agree to every term and condition of this Authorization.

E-Mail Address: _____ SSN: _____ Date: _____

Signature: _____ Print Name: _____

Deposit Vouchers will be e-mailed. Please make sure your email address is legible and accurate.