

## WELCOME ABOARD!

You have recently submitted an application to Dental Staffing Solutions for temporary and/or permanent work. DM Employer Services, Inc. is the agency that processes payroll for Dental Staffing Solutions, Inc. In order to add you to our payroll we **MUST HAVE** all of the documents listed below. Please complete and sign the following forms.

- ☐ 1. Acknowledgement and Consent for Background, Criminal Check, All Policies and Policies
- ☐ 2. Drug Testing Consent Form
- ☐ 3. I-9 form 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 [apply@dentalstaffingsolutions.com](mailto:apply@dentalstaffingsolutions.com)). We must be able to identify you by your photo, so it must be legible. NO EXCEPTIONS! This is a requirement of USDHS.

- ☐ 4. Authorization for Automatic Payroll – We use ADP to process payroll so you will have to create an account via their website. Sample email attached. If you do not get email, you can create an account by going to [workforcenow.cloud.adp.com](http://workforcenow.cloud.adp.com), go to SIGN-IN and under the sign-in will ask if you are a NEW USER. Select this to create a new account WITH the PRC code you were emailed or we provided to you.
- 5. 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.



**Acknowledgement and Consent for Background, Criminal Check  
and All Policies and Procedures**

***Please read carefully before signing***

**Applicant's Authorization and Acknowledgment of:**

***By signing this statement,***

**(1) Application Certification:** I hereby certify that all information provided in my online application and accompanying or required documents is correct, accurate and complete to the best of my knowledge. I understand that submission of an application does not guarantee employment or job availability. 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 regardless of the timing or circumstances of discovery.

**(2) Verification of Licenses, Past Employment and Criminal History:** I understand that any assignments given to me as a temporary worker are contingent upon the completion of verification of past employment; school transcripts, licensures and certification, satisfactory criminal background check and, upon request, a blood/urine test. I hereby consent to such examination and verifications.

I hereby authorize verification of my background and criminal conviction record and authorize any and all schools, employers, references, courts and any others who have information about me to provide such information to Dental Staffing Solutions and/or any of its representatives, agents, clients and employers and I hereby specifically release Dental Staffing Solutions and DM Employer Services, and any of their representatives, agents, employees, clients and employers, from any and all liability for any and all damage that may result from providing such information.

In addition, I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by my application for employment and release all such parties from all liability for any damage that may result from furnishing such information to you. (It is important to understand you will not be denied employment because of a listed criminal record unless the offense may affect the position in which you will be working as a temporary worker. It will be considered a serious violation warranting dismissal if you are offered a position and it is determined you falsified or failed to completely and accurately answer and/or disclose background information questions on your application.)

**(3) Confidentiality Agreement:** I understand that I may be dismissed if I, at any time, reveal confidential information concerning Dental Staffing Solutions, any office to which I am assigned, including, but not limited to, the patients of any such office, or fellow temporary workers.

**(4) Smoke Free Workplace:** I understand that smoking (tobacco or electronic cigarettes) is not allowed while on duty in any dental office to which applicant may be assigned.

**(5) Drug-Free Workplace/Testing Policy:** I understand and consent that if at any time while performing clinical duties or other duties associated with any assignment as a temporary worker of Dental Staffing Solutions, if reasonable suspicion exists to believe I am under the influence of alcohol, drugs, or hallucinogenics. I will be required to submit to a blood/urine test; and that refusal or failure to do so will result in immediate discharge. I understand that if reasonable suspicion exists that I am carrying alcohol and/or drugs, I will be subject to questioning as well as to a search of my work area and that failure to cooperate will result in immediate discharge.

**(6) Safety Policy:** Temporary workers must follow the safety policies, rules and procedures established by OSHA and DSS/DMES developed to assist in achieving job safety to limit temporary worker accidents. Violations may result in termination of your temporary worker relationship.

- **Proper eye protection, gloves, shoes, appropriate clothing, and other personal protective equipment** are required and should be worn when mandated. Management will determine the safety equipment needed and insure you are properly equipped.
- **Hazardous conditions should be reported** to your supervisor/office manager immediately for prompt correction. When in doubt about the safety of a situation, contact the supervisor/office manager to find the proper procedures.
- **Temporary workers are not to use equipment or perform work activities not known to them**, to the extent it could cause an unsafe condition. When lifting, use your legs and/or get assistance. Over 50 lbs., two persons will be used. Use of aids such as hand trucks, may be needed.
- **Obey all posted and spoken safety rules** from the dentist, supervisor/office manager, and other office staff. If you have any question about what you have been told, go to the supervisor/office manager for clarification.
- **Avoid distracting others** as distractions may cause or contribute to accidents. Do not engage in horseplay on the job and keep chatting and breaks to a minimum.

- **Immediately report temporary worker's injury**, no matter how small, to the supervisor/office manager (the term "supervisor/office manager" as referenced herein refers to the supervisor/office manager of the office to which temporary worker is assigned at the time of the injury **AND** to a Dental Staffing Solutions representative. The injury should be reported within 24 hours to ensure proper filing of the incident. 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.
- **All non-emergency treatment for accidents must be first authorized** by the supervisor/office manager of the office to which you were assigned at the time of the accident **AND** a Dental Staffing representative.
- **Wear seatbelts at all times** when on company business, such as travel between offices.

**(7) Theft Prevention Policy:** I understand and agree that it is Dental Staffing Solution's policy to require that all female and/or male temporary workers leave their purses, backpacks, fanny packs, or any other type of personal effects locked in their respective cars to the extent possible. I understand that I may take my cellular phone into the office on mute and in my pocket, but it may be used only during designated break times.

**(8) Applicants Responsibility for Time Reporting:** A timesheet will be emailed or faxed to job site daily for temporary jobs or working interviews. Temporary employees are required to submit a time sheet for all services performed for Client-Dentist. Both the client/dentist and temporary employee must sign and keep a copy of the timesheet. Time sheets are required to be turned into DSS weekly for ALL assignments no later than Friday at 5pm.

**(9) Professional Behavior/Integrity:**

- I agree to arrive 15 minutes BEFORE first patient to familiarize myself with the office, to always be courteous, speak and act in a professional manner, wear appropriate uniforms, and perform only those skills I am trained for.
- I will notify the jobsite office manager and DSS if any situation arises that presents a problem or hazard that may affect my job performance.
- **I will NOT give my personal contact information** to a Dental Staffing Solutions, Inc. client. I will instruct the client to contact agency to request futures job dates and NOT contact me directly. 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. I further understand that Dental Staffing Solutions acting on my behalf is providing a service to me and is due a referral fee paid by their Client - Dentists. I acknowledge I am responsible for the referral fee if I do not inform Dental Staffing Solutions within 24 hours of a job offer whether temporary or permanent. I further understand I will be responsible for all court and/or attorney's fees necessary to collect a referral fee from me if found responsible for violating this agreement.

**(10) Applicants Responsibility to Update Availability:** To maintain active status with Dental Staffing Solutions, Inc. you must call, email or text in with your availability weekly so we may provide you employment or interviews on the days you are available. If you do not call in weekly availability, you will terminate/resign your position as a temp and you will be removed from active status. Furthermore, if we call or text you for work and you do not respond by email, text or phone after 3 attempts, you will be considered to have resigned your position and will become inactive.

I agree that a fax or photocopy of this Acknowledgment and Authorization with my signature will be accepted with the same authority as the original.

*This Acknowledgment and Consent shall remain in effect during my active temporary work status with Dental Staffing Solutions and DM Employer Services, Inc., including any subsequent re-hire.* I have read, understand, and consent to the terms of the above terms and policies. Your application will be processed and you will be contacted for further information or for employment.

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Printed Name

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Temporary Signature

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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 66<sup>th</sup> Street 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, Biphedmine, 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, Guaiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (hydromorphone), M-S Contin & Roxanol (morphine sulfate), Percodan, Vicodin, Etc.

**BARBITUATES:** Phenobarbital, 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:

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Signature:\_\_\_\_\_ Date:\_\_\_\_\_

4326 Park Boulevard, Suite C-W, Pinellas Park, FL 33781  
Toll Free: 1-877-303-8233 Local: 727-547-8233 Fax: 1-877-546-4431  
info@dentalstaffingsolutions.com

## Authorization for Automatic Payroll Deposits

I, \_\_\_\_\_, hereby authorize and instruct Automatic Data Processing, Inc. and/or Dental Staffing Solutions, Inc. and/or DM Employer Services, Inc (hereinafter "ADP" "DSS" or "DMES"), to deposit the amount of each of my payroll payments directly into my checking and/or savings account indicated below indicated below in the Deposit Instructions. I grant ADP, DSS or 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 ADP, DSS or 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 ADP, DSS or DMES without any responsibility for correctness of any such deposit or withdrawal. Further, I will not hold ADP DSS or 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 ADP 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

OR

☐

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

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

I understand that I can cancel this Authorization at any time. To cancel, I must give written notice to both Dental Staffing Solutions, Inc. 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 ADP, DSS, 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: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Pay Statements will be available every Monday after noon via your ADP portal ([workforcenow.cloud.adp.com](https://workforcenow.cloud.adp.com)). You will receive an email to create an account using your email address and a unique password. Please make sure your email address is legible and accurate on this form.**

## Sample ADP introduction email to create an account.



**Hi Employee Name,**

Dental Staffing Solutions Inc, DM Employer Services, Inc. and ADP are partnering to provide you with fast and easy access to your HR information. It only takes 2 minutes to sign up and get immediate access to the app.

**[Sign Up Now](#)**

Can't click on the button above? Copy and paste the link <https://workforcenow.cloud.adp.com> in the web browser. Click **Create Account** and enter code **kqzp9n3m** (this number is specific to each employee-call us if you do not get email).

This email is sent from an automated system, so please do not reply. PR-53Y-A20-11Z0AX  
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**NOTE:** If you do not get this email, you can go directly to <https://workforcenow.cloud.adp.com>, go to sign-in, select link for NEW USERS to create a new account using the PRC code we will provide you. ☺

# W-4 Form 2021

## Employee's Withholding Allowance Certificate

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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.

### STEP 1- ENTER PERSONAL INFORMATION

A-First name \_\_\_\_\_ Middle initial \_\_\_\_ Last name \_\_\_\_\_ B - Your social security #: \_\_\_\_\_

Home address (number and street or rural route) \_\_\_\_\_

City or town, state, and ZIP code: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

C -What do you want to claim? **Single or Married filing separately**  
**Married filing jointly or Qualified Widow(er)**  
**Head of Household** (Check if unmarried only and pay more than half the costs of keeping up a home)

### STEP 2 – MULTIPLE JOBS OR SPOUSE WORKS

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4
- (c) Below for roughly accurate withholding; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . .

► TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

### STEP 3 - CLAIM DEPENDENTS

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000

► \$ \_\_\_\_\_

Multiply the number of other dependents by \$500 . . . .

► \$ \_\_\_\_\_

Add the amounts above and enter the total here. .

► \$ \_\_\_\_\_

### STEP 4

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here.

This may include interest, dividends, and retirement income . . . . .

► 4(a) \$ \_\_\_\_\_

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .

► 4(b) \$ \_\_\_\_\_

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period

► 4(b) \$ \_\_\_\_\_

**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 Signature (This form is not valid unless you sign it.) \_\_\_\_\_ Date \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q Form W-4 (2021)





Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States ( <i>See instructions</i> )
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. ( <i>See instructions</i> )
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.
1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's 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

