

TEMPORARY FILL-INS south

DENTAL STAFFING AT ITS BEST

TEMPORARY FILL-INS SOUTH EMPLOYMENT CONTRACT

1. I, _____, (further known as the affiliate) agree to work as an independent contractor in conjunction with Temporary Fill-Ins South.
2. I understand Temporary Fill-Ins South is a Dental Referral Agency not an employment agency.
3. I agree to consult the Doctor to whom I have been referred regarding any necessary tax forms to be completed in lieu of my temporary employment.
4. I understand I am responsible for Federal Taxes, State Taxes and FICA payments, and any local fees or taxes that may apply.
5. I am also aware I must provide malpractice insurance as a Dental Hygienist.
6. I understand that I will receive my wages from the Doctor to whom I have been referred to based on clients payroll schedule.
7. I understand that I am not entitled to unemployment insurance or worker's compensation from Temporary Fill-Ins South.
8. Temporary Fill-Ins South requests a two-week notice in the event I choose to terminate my representation of Temporary Fill-Ins South.
9. Any office Temporary Fill-Ins South has referred affiliate to must request additional days through Temporary Fill-Ins South.
10. This contract is also applicable to Temporary Fill-Ins South associates, Temporary Fill-Ins Metro and Temporary Fill-Ins North.
11. If an office requests affiliates telephone number he/she will refer them to Temporary Fill-Ins South. The telephone numbers for Temporary Fill-Ins South are 719-623-7875 or 303-255-3605.
12. Affiliate may not solicit additional work by phone or any other means from offices which Temporary Fill-Ins South has referred them for one year from the last date affiliate was sent to said office.
13. The affiliate has been informed that in the event a Doctor or any corporate associate of the office to whom the affiliate has been referred to by Temporary Fill-Ins South offers a permanent or temporary position he/she is obligated to notify Temporary Fill-Ins South.
14. Affiliate is contracted with Temporary Fill-Ins South for a period of twelve months from the last date he/she worked in said office. If the affiliate quits or is terminated, affiliate is still under contract with offices Temporary Fill-Ins South has referred, for the 12 month period. Contracts signed by Temporary Fill-Ins South affiliates have no expiration.
15. Any office wishing to hire a Temporary Fill-Ins South affiliate and placing him/her in any position in the office will be responsible to pay Temporary Fill-Ins South current placement fee.
16. If for any reason the Dentist chooses not pay the placement fee and the affiliate chooses to accept employment, the affiliate is fully responsible to Temporary Fill-Ins South for the placement fee.
17. The Affiliate will inform Temporary Fill-Ins South immediately concerning any permanent placement offers.
18. It is the responsibility of the affiliate to inform Temporary Fill-Ins South of your availability (the days you can work) after each job referral/assignment has been completed. This holds the affiliate responsible for their termination if they do not notify the agency of their availability.

By checking the box the affiliate has given permission to use affiliates photograph on Temporary Fill-Ins South website for promotional reasons.

_____ Temporary Fill-Ins South and I have reviewed the Temporary Fill-Ins Referral Agency Ideas and Answers Handbook, I understand the obligations and have received a copy of the Handbook.

Signature _____

Date _____

Temporary Fill-Ins South Representative _____

Date _____