

HEPATITIS B STATUS

Please select one of the following:

_____ I have had the complete hepatitis vaccine series completed in _____ .

_____ I have chosen for whatever reason not to have the hepatitis vaccine. I understand the risk of not having this done.

Initial _____

WAGE DEDUCTION AUTHORIZATION AGREEMENT

I understand and agree that my employer, Dental Resource Management, may deduct from my pay for the following reasons:

1. Premiums for Dental Resource Management's supplemental medical/ dental plan (AFLAC), should I choose to participate
2. My contributions, when eligible and I choose to participate, to the Simple IRA plan sponsored by Dental Resource Management
3. If I receive an overpayment of wages for any reason, repayment of such overpayments to Dental Resource Management
4. The cost of repairing or replacing any equipment or property that I may damage while on a temporary assignment if it has been determined that I damaged the item by my neglect or reckless behavior.

I agree that Dental Resource Management may deduct from my pay under the above circumstance

Initial _____

AUTHORIZATION TO CONDUCT CRIMINAL BACKGROUND CHECK

I authorize Dental Resource Management to investigate my background for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that DRM will utilize an outside firm to assist in checking such information. I also understand that I may withhold my permission, and in that case, no investigation will be done, and my application will not be processed further.

Applicant's signature

Consultant's signature

Date

Date