

Staff Recruiting

Dental Jobs Colorado, Inc.

Credit Card Payment Authorization Form

Authorization Agreement

Print Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize Dental Jobs Colorado, Inc. to process credit card payments from the company and credit card named below. I understand credit card payments will not be processed without my authorization. Authorization shall be acknowledged by my signature in the appropriate space below.

Further, I agree not to hold Dental Jobs Colorado, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplies by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

Account Information

Credit Card Company: _____ VISA MC (Circle One)

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Billing Address: _____

Signature

_____ Date: _____

Staff Recruiting

***To ensure your security, please fax to 720-350-4123.**

Staff Recruitment Worksheet

Date: _____

Dr. _____

Address: _____

City: _____ State: _____ Zip: _____

Bus. Phone Number: _____

Cell Number: _____

Website Address: _____

E-mail Address: _____

Contact person(s): _____

Hours: Mon. Tues. Wed. Thurs. Fri.

Staff Hours: _____

Patient Hours: _____

Software: _____

Dental experience needed: Yes No

Salary Ranges: \$ _____ to \$ _____

Health insurance: Yes No What %? _____

Is there a "cap" on the medical insurance? If so, how much? \$ _____

Vacation: 1 year: _____ days 2 years: _____ days

Paid holidays? Yes No How many per yr? _____

Bonus incentive plan: Yes No

401K or PPS: Yes No

Staff Recruiting

Sick days or Wellness Pay: Yes _____ No _____ How many per yr? _____