

DENTAL FILL-INS, INC.
"Specializing in Temporary & Permanent Placement"

JOB REQUEST INFORMATION

On receipt of this signed form, we will fax resumes of applicants who have been screened by DFI and meet your job qualifications.

Office/Clinic Name: _____

Doctor's Name: _____

Address: _____

Phone: _____ Fax: _____

Contact Person: _____ Confidential: Yes/No

Position: _____

Days/Hours Needed: _____

Job Opening Date: _____ Salary Range: _____

Benefits: _____

Qualifications/Experience: _____

Additional Information: _____

I agree to the terms and conditions stated above.

Doctor/Manager Signature: _____ Date: _____

Updated 12/11/06