



# STAFF EMPLOYMENT AUTHORIZATION FORM

Complete and return to the DSDS office for inclusion on the Members' Only section of the DSDS website for sixty days.

Email to: dedentalsociety@gmail.com  
Mail to: DSDS, 892 Eichele Road, Perkiomenville, PA 18074

## **FOR INDIVIDUALS SEEKING A POSITION IN A DENTAL OFFICE**

Information for DSDS records only:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Information as you would like to appear on the website:

Name: \_\_\_\_\_  
Address, Telephone, Fax or Email address to contact you: \_\_\_\_\_  
\_\_\_\_\_  
Position you are seeking (include qualifications, hours & days available for employment and the best time to be contacted regarding an interview.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information will appear on the Public Employment Opportunities/Classifieds section of the DSDS website for sixty days. Please notify the DSDS office when you have been employed.

If you have not located a position within sixty days, you will need to file this form again.

For DSDS office use only:

Date form received: \_\_\_\_\_  
Date Ad Inserted on Website: \_\_\_\_\_  
Date Ad Reinserted on Website: \_\_\_\_\_  
Date Ad Removed from Website: \_\_\_\_\_