



# 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 DENTISTS SEEKING PERSONNEL

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 have available (include qualifications, hours & days available for employment, description, the best time method for applicant to contact you.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 filled the position.

If you have not filled the 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: \_\_\_\_\_