



SERVING DENTAL PRACTITIONERS ACROSS OUR COUNTY
240 A Twin Dolphin Drive · Redwood City · CA · 94065
650-637-1121 · fax 650-637-1166 · info@smcnds.com

EMPLOYMENT LIST APPLICATION

Thank you for your interest in the San Mateo County Dental Society (SMCDS) *Employment List*. SMCDS consists of approximately 580 dentists located as far north as Daly City and as far south as Redwood City. SMCDS also includes members along the coast in Half Moon Bay, El Granada, and Pacifica.

In order to provide our dentists with reliable staff referrals, we have developed the guidelines listed below. If you are in agreement with these guidelines and wish to be included on our *Employment List*, please provide the requested information, sign, and return a copy of the completed form to SMCDS via fax (650-637-1166) or in the enclosed self-addressed envelope. The *Employment List* is faxed to member dental offices when they call SMCDS asking for referrals and, with your permission below, may also be included in the password-protected Member section of the SMCDS website.

Your name will remain on the *Employment List* for **exactly three months** unless you call our office to request an extension. If you have any questions, please do not hesitate to call.

If your phone number changes, **BE SURE** to call us with your new number. 😊

I agree:

1. to give a dental office at least 24 hours advance notice if I am unable to attend an interview
2. to give a dental office at least 48 hours advance notice if I have been hired and am unable to start work on the agreed upon date
3. to call SMCDS to advise when I've accepted a position so that my name can be removed from the employment list.
4. NOT to send resumes to SMCDS (save them for interviews with the doctors).

Name _____ Phone _____ email _____

Address _____ City/Zip _____

Dental Office Experience _____ yrs Position Wanted _____ [] Full Time [] Part Time [] Either

Additional Information: (i.e., language/s spoken, specific dental / office skills)

Auxiliary Dental Education:

School _____ Program _____ Date Graduated: _____

[] Please include my information in the password-protected *Members Only* section of the SMCDS website

Applicant Signature Date