



Dental Medical

Staffing, Inc.

Specializing In Temporary
& Permanent Placement

410 N.E. 181st., Portland, Or 97230

Portland (503) 618-8367 or 618-TEMP (800) 683-0855 fax: (503) 492-2545

CLIENT AGREEMENT

This agreement made by and between DENTAL MEDICAL STAFFING, INC. and _____
on this _____ day of _____, _____ **Client Name**

DENTAL MEDICAL STAFFING, INC. AND CLIENT AGREE TO THE FOLLOWING:

Section 1: Permanent Placement

Client agrees to pay DMSI the appropriate placement fee under any of the following conditions.

- 1) Candidate sent directly by DMSI for interview or working interview.
- 2) Candidate currently working as a temporary through DMSI and subsequently hired for permanent or permanent temporary.
- 3) Candidate has previously worked as a temporary or interviewed through DMSI within the previous 12 months prior to permanent placement.

Please Note! Placement fee is due upon receipt of invoice. Any position lasting less than (30) days will be considered temporary and a fee of \$50.00 will be charged for each day worked. The difference between the earned temporary fee and the paid permanent placement fee will be refunded to Client if any.

The permanent placement hiring fee will not be refunded for any reason including but not limited to voluntary or involuntary termination after (30) days from hire date.

Section 2: Hiring a Temporary

All scheduling for temporaries shall be done directly through Dental Medical Staffing, Inc. No temporary is to be contacted directly by the Client or Client's staff.

If Client hires an individual referred directly by DENTAL MEDICAL STAFFING, INC. as a temporary or permanent hire, the appropriate fee shall be paid regardless if Client has any prior contact with said applicant within the previous 12 months.

DENTAL MEDICAL STAFFING, INC. will provide payroll for all temporary employees provided to Client. DMSI by law will assume all responsibility for: withholding of State and Federal taxes, Worker's compensation Insurance, Employment Insurance, providing forms W-2 at year end and comply with immigration reform and control act for all temporary employees.

DENTAL MEDICAL STAFFING, INC. has a 4 hour pay minimum for all temporary employees. 24 hours notice must be given for any cancellations, if we do not have 24 hours notice Client will be charged a cancellation fee of \$50.00.

DMSI reserves the right to change the fee schedules at any time with a 30 day prior notification.

Client is solely responsible for the conduct of each temporary under his/her direct supervision and employee shall perform only those duties he/she is legally qualified to do.

Client will furnish a suitable workplace which shall comply with all laws, rules and regulations, including the Occupational Safety and Health Act and Client shall hold DMSI harmless from any violations thereof.

Payment will be made to DENTAL MEDICAL STAFFING, INC. upon receipt of invoice. If not paid when due, invoice shall bear interest at the rate of 1.5% per month and Client shall be responsible for fees if it becomes necessary to engage an attorney.

I agree to all of the terms and conditions of this contract and agree to pay the appropriate fees. This agreement shall be effective on the above date and will not expire.

By _____
DENTAL MEDICAL STAFFING, INC.

Authorized Client Signature