

HOWARD COUNTY DENTAL HYGIENE REFERRAL SERVICE

4443 Doncaster Drive
Ellicott City, MD 21043
508.922.9238

Name _____

Address _____

City _____

State _____

Zip _____

Home Phone _____

Cell Phone _____

Fax _____

E-mail _____

I am a member of:

ADHA

MDHA

HCDHA

Other _____

I am seeking a position for:

Full Time

Part Time

Temporary

My day and time availability is:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Describe your background, interests, and strengths as a hygienist. Please also attach a resume.

Disclaimer:

The Howard County Dental Hygiene Referral Service (HCDHRS) makes no claims as to the qualifications or skills of any dentist or hygienist. It is the responsibility of each party to validate the qualifications and evaluate the skills of the dentist or hygienist, as would be appropriate for any professional employment. Further, HCDHRS will not suggest terms for, or be involved with, negotiations for remuneration or benefits between parties seeking permanent employment.

I have read and understood the terms of the service, and I certify that the information I have provided is true.

Hygienist _____ Date _____