



Employment Guide & Agreement



The Canadian Dental Assistants' Association and the Certified Dental Assistants of BC are proud to offer dental offices a tool to assist in securing reasonable information in order to make informed and fair employment decisions.

Employers will reap a direct benefit by avoiding future liabilities that may result from misunderstandings or non-compliance with Employment Standards Regulation; thus saving time and money.

Employees will benefit by being better prepared to make informed employment decisions, and understanding their responsibilities and what is expected of them.

The Employment Guide is intended for use during an interview or to update existing verbal agreements or contracts. The guide may be used in its entirety or customized to your comfort level.

The Employment Agreement is intended to finalize and define the negotiating process. It is a memorandum of understanding between both parties stating the details of what was agreed to. A written agreement helps both employer and employee be aware of their respective expectations and responsibilities, and provides a basis for future performance or salary reviews.

Please note: This document was developed in British Columbia and therefore is based upon Employment Regulations in BC. Please check with your provincial Employment Standards Regulations, as they may not be consistent with this document.

Employment Interview Guide

This guide is designed to assist members during the interview process. Obtaining as much information as possible allows you to make sound decisions for your future.

| | |
|---------------------------------|--------------------|
| Dentist Name: _____ | Telephone #: _____ |
| Office Address: _____ | |
| Contact Person: _____ | |
| Date & Time of Interview: _____ | |

Questions to consider during the interview:

1. Briefly describe the position available and the skills required.
2. Is there a written position description?
3. Does the position involve working with your computer systems? Yes No
4. Do you expect patient care skills to be performed unsupervised?
5. What is your office's vision as it relates to patient care? to the office team relationships?
6. Is this position full time, part time, or relief coverage?
7. Is there a job sharing option? Who does this position report to, work with?
8. What are the days and hours of work? Does this include set up and clean up time?
9. *Is there a variance or averaging agreement on file with Employment Standards?
10. Are the days, or hours, flexible or subject to change? (If yes, please describe)
11. What is your policy regarding overtime? (paid or time bank)
12. Is there an office dress code?
13. What is the office policy regarding uniforms/and or clothing allowances?
14. How is the cost and care of the uniforms or clothing reimbursed?
15. What compensation are you offering for this skilled position? (Based by the hour, day, week, or month).
16. When are merit increases in compensation offered?
17. What is the length of the trial period?
18. Is an increased salary offered after the trial period?
19. What is the holiday entitlement?

20. How often is the office closed during the year? For how long?
21. Are employees paid during office closures?
22. Are employees permitted to choose their holiday time?
23. How are disputes handled?
24. Does your policy regarding sick days, holidays, bereavement, jury duty, adoption, or maternity leave extend beyond the *Employment Standards Regulation*?
25. When are staff meetings held and what is the format? If after hours, are staff paid to attend?
26. What time is allotted for lunch or break periods? (available facilities)
27. What are your cleaning staff's responsibilities?
28. Is there an office manual? Who is responsible for maintaining it?
29. Is office policy written and available for staff to consult?
30. Who is responsible for the WHMIS files on product data?
31. Do conditions of employment comply with the *Employment Standards Act*?
32. Any special comments regarding your office?
33. Will I be able to observe your routine for a day? Yes No
34. Would you consider a paid working interview for a day?
35. Briefly describe your office systems and procedures, i.e. sterilization equipment, treating infectious patients, computer systems
36. Is there anything as an employee/employer I need to know?

Which of the following benefits do you offer?

| | |
|--|---|
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Paid parking |
| <input type="checkbox"/> Convention attendance (without loss of wages) | <input type="checkbox"/> Bonuses or profit sharing |
| <input type="checkbox"/> Pre-tax benefits | <input type="checkbox"/> Paid leave/additional holidays/sick days |
| <input type="checkbox"/> Registration/licence fees | <input type="checkbox"/> Medical or Extended Health |
| <input type="checkbox"/> Commission or incentives | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Disability, Malpractice and/or Life Insurance | <input type="checkbox"/> Immunization |
| <input type="checkbox"/> Monetary Gifts or Services | <input type="checkbox"/> Other? Please specify. |

Do any of these benefits extend to my family? _____

Office Notes and Observations

(Be aware of your surroundings and make a few notes)



As a dedicated employee I offer trustworthiness, honesty and confidentiality. I will always keep my skills, abilities, and licence current.

*References provided upon request.

Payday is: _____

Lunch, break periods, and facilities?

Describe:

Office manual responsibilities? yes no
WHMIS update responsibilities? yes no

Disputes are handled by? _____

Staff meetings (details) : _____

Which employment policies are extended beyond the employment standards regulation?

Benefits Provided

| | |
|--|---|
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Paid parking |
| <input type="checkbox"/> Convention attendance (paid wages: yes, no) | <input type="checkbox"/> Pre-tax benefits |
| <input type="checkbox"/> Bonuses or profit sharing | <input type="checkbox"/> Registration/licence fees |
| <input type="checkbox"/> Paid leave/additional holidays or sick days | <input type="checkbox"/> Commission or incentives |
| <input type="checkbox"/> Medical or extended health | <input type="checkbox"/> Dental Care |
| <input type="checkbox"/> Vision Care | <input type="checkbox"/> Immunization |
| <input type="checkbox"/> Disability, liability and or life insurance | <input type="checkbox"/> Monetary Gifts or Services |
| <input type="checkbox"/> Other _____ | |

Which benefits are extended to family? _____

As a dedicated employee, I offer trustworthiness, honesty, loyalty, and confidentiality.

I will always keep my skills, abilities, and licence current.

Employee's Signature

Employer's Signature

Date: _____

Copies have been provided to: _____

EMPLOYMENT AGREEMENT

In the spirit of fairness and open communication this agreement exists so that misunderstandings or assumptions are avoided.

THIS AGREEMENT IS BETWEEN:

_____ AND _____

Office Address: _____

Telephone#: _____ Contact Person: _____

Position: _____

Job Description: _____ yes no and/or attached

Position is (part time statutory holiday pro-rated): full time part time relief coverage

Working with _____, and reporting to _____

Start Date: _____ Starting salary: _____ Work Schedule: _____

Position is subject to change? yes no

Describe: _____

Is there an approved variance or averaging agreement in place for hours exceeding eight per day?

yes no attached

The overtime policy is: _____

Time-banking overtime is an option? yes no Is there a job sharing option? yes no

Eligibility for benefits is _____ months.

Probation Period ends: _____

Increase after probation is \$ _____ Contract review is every _____ months by _____

Merit increases: _____

Uniform policy: _____

Work arrangements during employer's time off: _____

Employee's holiday entitlement: _____

Employee's choice of holiday time?

Describe: _____
