

HERE'S HELP STAFFING

"Providing Business Staffing Solutions"

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CLIENT COMPANY INFORMATION SHEET

The information provided on this sheet will enable us to assist you with all of your placement needs in a more efficient manner.

Company Name _____

Contact Person & Title _____

E-Mail Address _____

Phone & Ext./ Fax _____

*In the absence of the above listed contact, who should we call:

Company Website _____

Company Description

Directions from Middletown

Does your company have other locations? _____

How many employees at current location _____

Hours of Business _____

Multiple Shifts (Shift Differential paid?) _____

Software used on site _____

Benefits offered to employees on your payroll (please circle and indicate amounts)

Paid Time Off (Vacation, Sick, Personal, etc.) _____

Medical _____ *Dental* _____

Life Insurance _____

Retirement *401k* *Pension* *IRA* _____

What pre-employment testing do you require of your employees ; (Drug Screening, Criminal Background, Drivers Abstract, Credit Report, etc.)