GENERAL INFORMATION: Name of Company:
Contact: Contact:
Address:
City: State: Zip Code Billing Address (<i>if different</i>):
Phone Number: Ext. Fax:
Email Address: Website:
How did you hear about us?
POSITION:
Title: # of Positions: Length: Temp / Temp to Hire / Direct Hire
Why is the position open? How long has it been open?
When will this position being open begin to cause you problems?
Who is doing the job currently?How have you recruited for it? (Ads, Internal Postings, etc.)
Are you currently working with other agencies? Yes / No <i>If yes, who</i> ?
JOB DESCRIPTION:
What will the candidate be required to do while on the job?
Duties/Responsibilites:
Primary Functions/Tasks the employee MUST perform:
OFFICE FUNCTIONS: - Software: Excel Word Lotus QuickBooks Peachtree Access PowerPoint Other Software Requirements: Working Culture: Fast Paced/Energetic Laid Back/Methodical Multi-Project Oriented
Single Task Oriented High Profile Other:
EXPERIENCE: Years?
Education: High School Diploma 🔲 GED 🔄 2 year Degree 🗌 4 year Degree 🗌
BACKGROUND SCREENING:
Drug Tests 🔲 Criminal (Local 🗌 State 🗌 National 🔄) MVR 🔄 Physicals 📄 Credit Check 🔄 Other:
SELECTION PROCESS: Send candidate without interview? YES 🗌 NO 🔄 Report to
Interview Process: Best way to get resume to client: Email 🔄 Fax 🔄 Other:
Who to email/fax resume to: Who will conduct interviews?
1 st Round Contact: 2nd Round Contact:
Directions for Interview: (Building/Side Entrance/Parking)
COMPENSATION: Hourly Salary
If there is a pay range, please define: Low End Qualifications:
Medium Qualifications:
High End Qualifications:
Any bonus structure? Attendance 🗌 Safety 🗌 Production 🗌 Performance 🗌 Other:

Benefits: Medical 🗌 Dental 🗌 Vision 🗌 Disability 🗌 401k 🦳 401k Match % Prescription Plan 🗌 Life Insurance 🗌 ESOP 🗌 Vacation
Holiday (#) Sick Leave-Paid Parking Paid Travel Other:
Probationary Period: (days) Pay Raises/Bonus structure after probationary period? Yes 🗌 No 🗌
Advancement Opportunities? Yes 🗌 No 📄 Notes:
WORK SCHEDULE: Start Date of Assignment Days:
Start Time: End Time: Overtime: Yes 🗌 No 🗌 Mandatory: Yes 🗌 No 🗍 Breaks: Paid Yes 🗌 No 🗍
Smoking permitted on premises? Yes No Lunch facility on site? Yes No Bring lunch? Yes No Go out for lunch? Yes No
Dress Requirements:
WORKING CONDITIONS: Personal Protection Required? Yes No
Provided by Applicant:
Provided by Company:
Environment (Check if Applicable) Inside 🗌 Outside 🗌 Hazards 🗌 Cold 🗌 Hot 🗌 Wet 🗌 Humid 🗌 Noisy 🗌 Vibrations 🗌 Fumes 🗌
Dust 🗌 Other:
Lifting Requirements (Maximum weight that the candidate will need to lift): pounds
PHYSICAL DEMANDS: (Typical Work Day) Never (N) Occasionally 1-33% (O) Frequently 34-66% (F) Always 67-100% (A)
Walking Standing (Surface): Kneeling Crouching Crawling Sending Reaching Climbing
(Ht.): Ft. Pushing Ibs. Pulling Ibs
(Ht.): Ft. Pushing Ibs. Repetitive Actions: Feet Hands How? Other:
Repetitive Actions: Feet Hands How? Other: REQUIRED INFORMATION: Image: Content of the second se
Repetitive Actions: Feet Hands How? Other: REQUIRED INFORMATION: Will they be operating any type of machinery / tools / equipment / work aides? Yes No
Repetitive Actions: Feet Hands How? Other: REQUIRED INFORMATION: Will they be operating any type of machinery / tools / equipment / work aides? Yes No If yes, what types? Is training provided? Yes No
Repetitive Actions: Feet Hands How? Other: REQUIRED INFORMATION: Will they be operating any type of machinery / tools / equipment / work aides? Yes No
Repetitive Actions: Feet Hands How? Other: REQUIRED INFORMATION: Will they be operating any type of machinery / tools / equipment / work aides? Yes No If yes, what types? Is training provided? Yes No
Repetitive Actions: Feet Hands How? Other: REQUIRED INFORMATION: Will they be operating any type of machinery / tools / equipment / work aides? Yes No If yes, what types? Is training provided? Yes No Will they be operating: Forklift Crane (if so, which type? Overhead, Pendant Controlled, Other?): Company Vehicle
Repetitive Actions: Feet Hands How? Other: REQUIRED INFORMATION: Will they be operating any type of machinery / tools / equipment / work aides? Yes No If yes, what types? Is training provided? Yes No Will they be operating: Forklift Crane (if so, which type? Overhead, Pendant Controlled, Other?): Company Vehicle Other: If yes, does the client provide training? If NO, we are not able to fill this position unless the candidate is tested at their facility prior to starting!
Repetitive Actions: Feet Hands How? Other: REQUIRED INFORMATION: Will they be operating any type of machinery / tools / equipment / work aides? Yes No If yes, what types? Is training provided? Yes No Will they be operating: Forklift Crane (if so, which type? Overhead, Pendant Controlled, Other?): Company Vehicle Other: If yes, does the client provide training?
Repetitive Actions: Feet Hands How? Other: REQUIRED INFORMATION: Will they be operating any type of machinery / tools / equipment / work aides? Yes No If yes, what types? Is training provided? Yes No Will they be operating: Forklift Crane (if so, which type? Overhead, Pendant Controlled, Other?): Company Vehicle Other: If yes, does the client provide training? If NO, we are not able to fill this position unless the candidate is tested at their facility prior to starting! Chemical Exposures/Hazards? Yes No If yes, type(s): Potential Side Effects:
Repetitive Actions: Feet Hands How? Other: REQUIRED INFORMATION: Will they be operating any type of machinery / tools / equipment / work aides? Yes No If yes, what types? Is training provided? Yes No Will they be operating: Forklift Crane (if so, which type? Overhead, Pendant Controlled, Other?): Company Vehicle Other: If yes, does the client provide training? If NO, we are not able to fill this position unless the candidate is tested at their facility prior to starting! Chemical Exposures/Hazards? Yes No If yes, type(s): Will the client review the MSDA sheets/Hazard Communications Program with the employee? Yes No No
Repetitive Actions: Feet Hands How? Other: REQUIRED INFORMATION: Will they be operating any type of machinery / tools / equipment / work aides? Yes No If yes, what types? Is training provided? Yes No Will they be operating: Forklift Crane (if so, which type? Overhead, Pendant Controlled, Other?): Company Vehicle Other: If yes, does the client provide training? If NO, we are not able to fill this position unless the candidate is tested at their facility prior to starting! Chemical Exposures/Hazards? Yes No If yes, type(s): Potential Side Effects: