



CLIENT INTAKE FORM

Disclaimer: Thank you for your interest in being a client of Texas Elite Staffing. This form is used to collect information about new clients and is used for internal purposes only. The information you provide is confidential and will be treated accordingly.

CLIENT INFORMATION

Company Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Website: _____

Contact Person Information:

Name: _____ Position: _____

E-Mail: _____ Phone (if different): _____

QUESTIONNAIRE

What type of business do you have? _____

How many employees are currently in your company? _____

What are the main industries or services that you offer?

What are the main staffing challenges you are currently facing?

What are your company's short-term staffing goals?

What are your company's long-term staffing goals?

STAFFING SERVICES

Which of the following suits your staffing needs?

- | | |
|--|--|
| <input type="checkbox"/> General Labor | <input type="checkbox"/> Plumber |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Drivers |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Security/Gate Guard |
| <input type="checkbox"/> Fire Watchman | <input type="checkbox"/> House Keeping |
| <input type="checkbox"/> Refineries | <input type="checkbox"/> Quality Inspector |
| <input type="checkbox"/> Warehouse/Logistics | <input type="checkbox"/> Freight Handlers |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Electrician |
| <input type="checkbox"/> Machinist | <input type="checkbox"/> Forklift Operator |
| <input type="checkbox"/> Welder | <input type="checkbox"/> Other _____ |

List any other staffing issues that you would like us to address:

REFERRAL

Were you referred to us by someone else? Yes No

- If yes, by whom? _____
- If no, how did you hear about us? _____

SIGNATURE

Signature: _____ **Date:** _____
Name: _____ **Place:** _____