



WHAT ARE YOUR HIRING NEEDS?

Thank you for choosing FKAL Employment Solutions Inc. Please complete the form below.

1. Company Information

Company Name:

Business Address:

City:

Province:

Postal Code:

Phone Number:

Email Address:

Website (if applicable):

Industry Type:

2. Primary Contact Person

Name:

Position/Title:

Phone number:

Email Address:

3. Staffing Requirements

Type of Positions Needed:

Number of Workers Required:

Expected Start Date:

Shift(s) Required: Day Evening Night Weekends

Assignment Duration: Short-term Long-term Ongoing

Worksite Address (if different from above):

Continue on page 2 for billing information, authorization, and office use.



4. Billing Information

Billing Contact Name:

Billing Address:

Phone Number:

Email for Invoices:

Preferred Payment Terms: 14 Days 30 Days Other:

5. Authorization

I hereby certify that the information provided is accurate and that I am authorized to request staffing services on behalf of the ab

Authorized Signature: Date:

Printed Name: Title:

Office Use Only

Date Received:

Assigned Representative:

Positions Assigned:

Notes: