



## PLACEMENT FORM

### EMPLOYER INFORMATION

COMPANY NAME \_\_\_\_\_  
HIRING AUTHORITY \_\_\_\_\_  
REPORTS TO \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_  
WORK LOCATION \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
WEBSITE \_\_\_\_\_  
FEE % \_\_\_\_\_ TOTAL FEE \_\_\_\_\_ DISCOUNT \_\_\_\_\_  
INVOICE EMAIL ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_ SALARY \_\_\_\_\_  
START DATE \_\_\_\_\_ PLACEMENT DATE \_\_\_\_\_

### APPLICANT INFORMATION

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
REFERENCE CHECK \_\_\_\_\_ DATE \_\_\_\_\_  
SOURCE: MONSTER/CRAIGSLIST/PRO. REFFERAL/SELF REFERRAL/OTHER \_\_\_\_\_

CONSULTANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ FILL \_\_\_\_\_

DATE PAID	AMOUNT	BALANCE	ADJUSTMENTS