

Service Request Intake Form

BUSINESS INFORMATION

- Business Name: _____
- Contact Name & Title: _____
- Phone: _____
- Email: _____
- Business Address: _____

SERVICE OF INTEREST (Check all that apply)

- ☐ Temporary Staffing
- ☐ Temp-to-Hire Staffing
- ☐ Direct Placement Staffing
- ☐ Employee Wellness Check-Ins
- ☐ Workforce Connect+
- ☐ Pre-Employment Testing

SERVICE BUDGET

- **Estimated Service Budget:**

ADDITIONAL INFORMATION:

AUTHORIZED SIGNATURE:

DATE:

To begin a conversation with our team, please submit this form to hr@makingadifferencestaffing.com



300 E-Business Way, Suite 200
Cincinnati, Ohio 45241