

## STAFFING REQUEST FORM

COMPANY NAME:

CONTACT PERSON:

CELL:

EMAIL:

ADDRESS NEW HIRE IS NEEDED:

### DETAILS NEEDED FOR NEW HIRE

JOB TITLE:  AMOUNT NEEDED:

ANNUAL SALARY:  to

BENEFITS:  MEDICAL  DENTAL  VISION

BONUS:  YES  NO

OTHER BENEFITS:

MINIMUM YEARS OF EXPERIENCE:  YEARS

REQUIRED CERTIFICATIONS:

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- 
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PREFERRED ATTRIBUTES:

DISQUALIFYING ATTRIBUTES:

### RECRUITING TEIR REQUESTED:

MANAGER LEVEL \$3990  GM/DIRECTOR LEVEL \$4490

\_\_\_\_\_  
*signature*

\_\_\_\_\_  
*date*