

CLIENT INTAKE FORM

Please complete and provide as much detail as possible, to ensure the LABORLOCKER team is able to properly support you and your business needs. On behalf of the team, Thank you for choosing LABORLOCKER. We're looking forward to our future partnership and your success.

COMPANY INFORMATION

Company Name: _____

Corporate Address: _____ City _____ State _____ Zip _____

Primary Contact Name: _____

Title: _____

Best Contact #: _____

Email: _____

Authorized Signer? (Yes/No): _____

Company Owners: _____

SERVICE REQUEST & OBJECTIVES

What motivated your company to seek staffing support from us?

- ☐ Recent Attrition
- ☐ Replacement
- ☐ Increase in sales
- ☐ State Launch
- ☐ Natural Growth
- ☐ Other

Challenges, Restrictions, or Pain Points Currently Facing Within The Business:

How Do We Help Or Solve These Challenges?

CLIENT INTAKE FORM

REQUEST REASON & CORE OBJECTIVES *(Indicate all that apply):*

- ☐ Operational Efficiencies
- ☐ Labor Retention
- ☐ Lower Labor Cost
- ☐ Compliance Related
- ☐ Replacement
- ☐ Growth/Expansion
- ☐ Sales Volume Increase
- ☐ Summer Volume Preparation
- ☐ Support New Vertical/Offer
- ☐ Other: _____

LABORLOCKER/CLIENT CHECK-INS

(Indicate your preferred cadence):

- ☐ Weekly
- ☐ Biweekly
- ☐ Monthly (standard)
- ☐ Other: _____

CURRENT WAGES & COMPENSATION DETAIL

Hiring Role #1: _____

Hourly or Salary Pay?: _____

Overall Cost (Benefits, Overtime, PTO, etc): _____

Hiring Role #2: _____

Hourly or Salary Pay?: _____

Overall Cost (Benefits, Overtime, PTO, etc): _____

CLIENT INTAKE FORM

Hiring Role #3: _____

Hourly or Salary Pay?: _____

Overall Cost (Benefits, Overtime, PTO, etc): _____

Hiring Role #4: _____

Hourly or Salary Pay?: _____

Overall Cost (Benefits, Overtime, PTO, etc): _____

FORECASTING & SERVICE TERRITORY

Average Monthly Sales: _____

Average Monthly Installs: _____

MONTH OVER MONTH FORECAST (*Post hire*)

30 Days 60 Days 90 Days 120 Days

Sale to Installation Pull Through %: _____

Average Project Cycle Time: _____

Total Licensed States: _____

Total States Of Operation: _____

Provide More Information, If Different: _____

Total Warehouse Locations: ____ Provide City/State For Each: _____

INSTALLATION ECONOMICS & EFFICIENCY

Total 1 Day Installs *per* Month: _____

LABORLOCKER

CLIENT INTAKE FORM

Total 2 Day Installs *per Month*: _____

Total Build Cost: \$_____ *List Each Cost Included:* _____

Total Labor Cost: \$_____ *List Each Cost Included:* _____

SOFTWARES & INTEGRATION DETAILS

Current CRM: _____

Proposal Tool/s: _____

Project Management System: _____

HR / Payroll: _____

Employee Management: _____

Learning Management System: _____

Merchant Services: _____

Others : _____

COMPANY STRUCTURE & KEY LEADERS

Department	POC Name	Phone	Email	Notes
Learning Management				
Project/Process Management				
Sales Support				
Operations Training				
Payroll				

CLIENT INTAKE FORM

Paperwork Processing				
Customer Support				
Operations Leader/s				
Scheduling				
Other				

Preferred Contact/s (regarding our service): _____

LOGISTICS-SKILL PREFERENCES & REQUIREMENTS

Quantity of Workers Needed: _____

Region/s of Hire: _____

Hiring Role(s): _____

Job Description & Duties: _____

Hiring Requirements/ Criteria: _____

Preferred Skills:: _____

Additional Pre-requisites: _____

Notes/Details: _____

TRAINING & PLACEMENT ACKNOWLEDGEMENT

- ☐ All Provided Personnel Receive Proper Training
- ☐ All Personnel Will Placed With An Experienced Crew &/or Crew Lead

CLIENT INTAKE FORM

Intake Form Completed By (if different than above): _____

Company Title: _____

Date: _____

Phone: _____

Email: _____

ABORLOCC