

EMPLOYMENT AGENCY/EXECUTIVE RECRUITERS SUPPLEMENT

1. Applicant Company Name: _____

2. Please indicate the percentage of the Applicant's revenues for the past 12 months from each activity:

Traditional Employment Agency: ____%

Temporary Help Placement: ____%

Outplacement: ____%

Contingency Executive Search: ____%

Career Counseling: ____%

Retained Search: ____%

Other: ____% (If other, please describe):

Describe: _____

3. Please indicate the percentage of types of professionals placed in the past 12 months:

Advertising Profession: ____%

Architects and Engineers: ____%

Attorneys: ____%

Accountants/CPAs: ____%

Bookkeepers: ____%

Computer Profession: ____%

Consultants: ____%

Dentists: ____%

Financial Advisors: ____%

Interior Designers: ____%

Insurance Profession: ____%

Land Surveyors: ____%

Mortgage Brokers: ____%

Physicians/Surgeons: ____%

Real Estate Profession: ____%

Other: ____% (if other, please describe):

Describe: _____

4. For professionals that are placed on a temporary or permanent basis does the applicant require that they maintain individual professional liability insurance? _____

5. Are drug tests administered? _____

6. Does the applicant provide an Employee Leasing service? _____

7. What steps does the applicant take to protect a job candidates' confidential information from being released to an unauthorized party? _____

8. Please describe the specific steps and procedures in which the Applicant takes to investigate and verify the backgrounds, qualifications and credentials of job candidates? _____

9. Is worker's compensation insurance currently in force? _____

Notice _____
I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions.

Must be signed and dated by Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Signature of Owner, Partner or Principal Title DATE