



## Temporary Employment Agency Supplemental

### Company Information

1. Company Name: \_\_\_\_\_
2. FEIN: \_\_\_\_\_
3. Website Address: \_\_\_\_\_
4. Years in Business: \_\_\_\_\_
5. Years in Trade: \_\_\_\_\_

### General Information

6. Background and experience of the owners and key managers:  
\_\_\_\_\_  
\_\_\_\_\_
7. Employment Practices: Describe recruiting, background checks, interviews, etc.:  
\_\_\_\_\_  
\_\_\_\_\_
8. Describe the drug testing program: Pre-employment, random, for cause, post-accident, etc.:  
\_\_\_\_\_  
\_\_\_\_\_
9. Describe the training program for new hires:  
\_\_\_\_\_  
\_\_\_\_\_
10. What procedures are followed to qualify and approve a potential client? Are site inspections utilized?  
\_\_\_\_\_  
\_\_\_\_\_
11. What procedures are followed when a report of injury is first received?  
\_\_\_\_\_  
\_\_\_\_\_
12. How are injuries followed up for workers compensation claims? Who tracks the progress of the claim?  
\_\_\_\_\_  
\_\_\_\_\_
13. What arrangements have been made for a company doctor for emergency services?  
\_\_\_\_\_  
\_\_\_\_\_

14. How does the agency deal with temporarily disabled workers?

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15. Describe your “return to work” program after temporary disability injuries are experienced:

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16. How does the agency deal with a client company when workers are being injured on their site beyond what was expected?

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17. Do you have a formal, written safety program? If so, please describe:

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18. How do you ensure that protective equipment is worn at the job site?

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### **Client Information Listing**

**1. Name of Customer and Location:**

Principal Product or Service: \_\_\_\_\_

Job of Temporary Employees: \_\_\_\_\_

Class Code: \_\_\_\_\_ Estimate Annual Payroll: \_\_\_\_\_

**2. Name of Customer and Location:**

Principal Product or Service: \_\_\_\_\_

Job of Temporary Employees: \_\_\_\_\_

Class Code: \_\_\_\_\_ Estimate Annual Payroll: \_\_\_\_\_

**3. Name of Customer and Location:**

Principal Product or Service: \_\_\_\_\_

Job of Temporary Employees: \_\_\_\_\_

Class Code: \_\_\_\_\_ Estimate Annual Payroll: \_\_\_\_\_

## Memorandum of Agreement

1. Employees will not be placed for work at a client's job site until AlaCOMP, and this temporary service agency have agreed on the placement and on the classification of the occupations involved as well as the suitability of the work to be done.
2. Changes to a client's use of temporary employees or the addition of new classifications for a current client will not occur until AlaCOMP, and this temporary service agency have agreed on the occupations and classifications for the workers involved as well as the suitability of the work to be done. AlaCOMP will respond promptly to agency requests.
3. State unemployment tax forms, employee lists, and basic information about clients will be forwarded quarterly if requested by AlaCOMP.
4. Information kept for insurance audits will include payrolls for each classification for each client.

Owner/ Manager \_\_\_\_\_ Date \_\_\_\_\_

For AlaCOMP \_\_\_\_\_ Date \_\_\_\_\_