

## Reliable Labor Services, LLC

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## **NEW CLIENT INFORMATION SHEET**

LEGAL BUSINESS NAME:		
AUTHORIZED SIGNATURE:	PERFERRED CONTACT: EMAIL	PHONE
BUSINESS PHONE:	CELL PHONE:	
EMAIL:		
Year Business was established		
Current # of Employees	_:	
WORKER INFO		
NUMBER OF WORKERS REQUESTED:_	START DATE:END DATE:	
POSITION NEEDED:	NUMBER OF HOURS PER WEEK NEEDED:_	
FEDERAL ID AND INSURANCE		
FEIN #:	Please send a copy of IRS letter for verification and	d for the DOL.
INSURANCE AGENT:	PHONE:	
WORKER'S COMP CARRIER:	POLICY #:	
WORKER'S COMP EFFECTIVE DATES:_		
EMPLOYMENT NEED:		
PLEASE USE SPACE BELOW FOR ANY OTHER INFO YOU FIND NECESSARY:		
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