

TEMPNET "PRE-REVIEW" QUESTIONNAIRE

Please complete the information below and mail a copy to each member of the Review Team at least seven (7) days prior to your review.

Firm Requesting the Review: _____ Phone: _____

Company Name: _____ Contact: _____

Contact Person Cell Phone: _____ Home Phone: _____

Hours Billed Weekly: _____ High _____ Low _____

1. What is your market size? (SMSA) _____

2. Number of competing services _____

3. Your ranking among the competing services _____

4. List the areas where you feel you need help.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

5. List you ten largest clients in order of size. Give percentage of business for each.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

6. How many branches do you have? _____
Where are they geographically located relative to each other? _____

7. Attach for each branch the following:
A. The mix of business at each branch.
B. Organizational chart and number of employees in each branch.
C. List the positions in each branch, basic job description, and the current individual's tenure with the company.

8. Describe the method you use to track the source of your candidates.

9. Describe the method you use to track your performance with clients.

10. Describe the method you use to train new internal employees.

*PLEASE DEVELOP THE BASIC ITINERARY/AGENDA
FOR THE REVIEW INCLUDING BRANCH VISITS.*

