

COMPANY BENEFITS INFORMATION

THE RIGHT MACHINIST. • RIGHT NOW. • RIGHT FOR YOUR SHOP.



COMPANY INFORMATION

COMPANY NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____

STATE / ZIP: _____



COMPENSATION & TIME OFF

2ND / 3RD SHIFT DIFFERENTIAL: \$ _____ / hr OR: _____ %

VACATION PAY - 1ST YEAR: _____ VACATION AFTER 3 YEARS: _____

PAID HOLIDAYS: _____ SICK DAYS: YES ☐ NO ☐ DAYS: _____

PAY PERIOD: WEEKLY ☐ BI-WEEKLY ☐ BENEFITS BEGIN: _____

VACATION / HOLIDAY DETAILS: _____

SHIFT / PAY NOTES: _____



HEALTH & INSURANCE BENEFITS

MEDICAL PLAN: YES ☐ NO ☐ PPO ☐ HMO ☐ OTHER: _____ DENTAL PLAN: YES ☐ NO ☐

PRESCRIPTION PLAN: YES ☐ NO ☐ VISION CARE: YES ☐ NO ☐

LIFE INSURANCE: YES ☐ NO ☐ SHORT-TERM DISABILITY: YES ☐ NO ☐

LONG-TERM DISABILITY: YES ☐ NO ☐

PLAN DETAILS / EMPLOYEE COST: _____



RETIREMENT, FINANCIAL & WORKPLACE BENEFITS

RETIREMENT PLAN: YES ☐ NO ☐

PROFIT SHARING: YES ☐ NO ☐

CREDIT UNION: YES ☐ NO ☐

UNIFORMS SUPPLIED: YES ☐ NO ☐

AIR CONDITIONED SHOP: YES ☐ NO ☐

SMOKING SHOP: YES ☐ NO ☐

RETIREMENT / PROFIT SHARING DETAILS: _____



ADDITIONAL BENEFITS / NOTES



DIRECT HIRE
EMPLOYEE ON YOUR
PAYROLL FROM DAY 1



YOUR BENEFITS
EMPLOYEE RECEIVES YOUR
BENEFITS PACKAGE



ONE SET FEE
DUE ON EMPLOYEE'S
START DATE



NO MARKUPS
NO SLIDING SCALES OR
MARK-UPS ON WAGES



60-DAY GUARANTEE
GUARANTEED PLACEMENTS
FOR PEACE OF MIND



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