

**Employment Services Client Information**

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Main Contact:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please mark box in which services are being requested:**

\_\_\_\_\_ Physicals: Pre-emp \_\_\_\_\_ Annual \_\_\_\_\_ DOT \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Drug Screening: Pre-emp \_\_\_\_\_ Reasonable Suspicion \_\_\_\_\_ Random \_\_\_\_\_

Post Accident \_\_\_\_\_ Other \_\_\_\_\_

DOT \_\_\_\_\_ Non-DOT \_\_\_\_\_

Use our supplies and lab \_\_\_\_\_

\_\_\_\_\_ Breath Alcohol Test

\_\_\_\_\_ Other \_\_\_\_\_

**Results:** Faxed \_\_\_\_\_ Emailed \_\_\_\_\_ to: \_\_\_\_\_ at: \_\_\_\_\_

**Other Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide Corporate Billing information if applicable**

**Corporate Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Main Contact:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_