

VII. SPECIAL CONDITIONS - QUESTIONNAIRE

Please respond to the following questions and return this section along with your Proposal. Failure to provide this information may result in rejection of the Proposal.

1. Our firm has been in the temporary placement business for _____ years. Must be at least five (5) years to qualify.

2. Our firm's headquarters is located at the following address:

ADDRESS _____

CITY, STATE, ZIP _____

3. Our firm has _____ Branch Offices.

Provide the address and number of years in business for every branch office that will be responsible for this Contract, starting with the branch located within a 20-mile radius of Washington, DC.

ADDRESS: _____

YEARS IN BUSINESS: _____

CONTACT PERSON: _____

ADDRESS: _____

YEARS IN BUSINESS: _____

CONTACT PERSON: _____

ADDRESS: _____

YEARS IN BUSINESS: _____

CONTACT PERSON: _____

Please feel free to attach a full list, if locations exceed three (3).

4. How does your firm recruit, screen and interview temporary personnel?

5. Provide list of benefits offered to your temporary personnel.

6. Provide your company policy for temporary staffing to hire employee.

7. Provide replacement and credit policy for an unsatisfactory temporary worker placement:

8. The Proposer shall assign at least one (1) contact person to be responsible for the Contract. This contact person and the contact information shall be:

Name: _____

Title: _____

Telephone # _____

Fax #: _____

Email Address: _____

Use this page for additional details or attach pages as needed.