

Supplier Diversity Program Enrollment Form

Date / /

I. General Information (This will be used for sending new open requisites and contract communication)

Company Name: _____

Address: _____

City, State, ZIP: _____

Primary contact Name _____

Email: _____

Phone: _____

Company URL: _____

II. Business Status (Please provide the applicable information)

Year established: _____

Company Revenue (Last 3 years)

Year	Revenue

Company team size:

- Consulting Staff _____
- Administrative staff _____

Fed I.D. / Tax I. D / Govt. ID / TIN	
Dun & Bradstreet Number	
SIC Code	
NAICS Code	

III. Additional Business Information

Describe all products and services provided by the business:

**Supplier Diversity Program
Pre Screening Questionnaire**

Niche or specialty skills provided (this will help us identify you for routing correct client requisitions):

Active Industries where company is a Staffing Partner: (E.g. Healthcare, Media, Education etc)

Geographic Coverage: (Please circle Yes or No & besides the fields specify the states or countries where majority of your workforce is located)

State Yes/No _____
National Yes/No _____
International Yes/No _____

Service Area: International (Yes/No) National (Yes/No) Regional (Yes/No) Local (Yes/No)

Staffing Services Provided: (Please circle yes or No besides the fields)

Information Technology	Yes/No	Administrative & Clerical	Yes/No
Accounting & Financial	Yes/No	Human Resources	Yes/No
Clinical & Scientific	Yes/No	Legal	Yes/No
Call Center & Customer Care	Yes/No	Security & Compliance	Yes/No
Engineering & Industrial	Yes/No	Sales and Support	Yes/No

Do you currently participate in any Subcontractor management / VMS / MSP programs?

Does your company hold any diversity certifications? (Woman owned small business, minority, veteran owned, small disadvantaged business etc.)

**Supplier Diversity Program
Pre Screening Questionnaire**

Accomplishment, awards or recognition received in the last 5 years?

IV. Please list three verifiable References for the company:

1. Name/ Title: _____
Company: _____
Phone: _____
Relationship: _____

2. Name/Title: _____
Company: _____
Phone: _____
Relationship: _____

3. Name/ Title: _____
Company: _____
Phone: _____
Relationship: _____

V. Registration:

Please post mail, Email or Fax the completed form for further processing and feel free to contact us at supplierdiversity@diaspark.com in case you have any queries.

Diaspark Inc
Attention: Supplier Diversity Registration
200 Metroplex Drive Suite 401 Edison, NJ - 08873
Tel: 732-248-8333 Fax: 732-248-8334

Thank you for your interest in Diaspark's Supplier Diversity Program. We hope to establish a continued business relationship with your company.