



# Human Resource Partnerships

Your Total HR and Employee Benefits Solution

## Subscription Service Registration for businesses with fewer than 25 employees

**Directions:** Complete this registration form in order to register for subscription services for companies with fewer than 25 employees. Once you have completed this form you print it, sign it and mail it to Human Resource Partnerships at the address below. If you have any questions, please email us at [info@hrpartnershipsinc.com](mailto:info@hrpartnershipsinc.com).

### Business Information:

Business' Name: \_\_\_\_\_

Business' Address: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

Contact Name: \_\_\_\_\_ Contact's Phone Number: \_\_\_\_\_

Contact's Email: \_\_\_\_\_ Contact's Job Title: \_\_\_\_\_

Total # of Employees: \_\_\_\_\_ # of Full-time: \_\_\_\_\_; # of Part-time: \_\_\_\_\_

### General Questions:

1. Does your business have an employment application? \_\_\_Yes \_\_\_No
2. Does your business have a human resources policy manual? \_\_\_Yes \_\_\_No  
If yes when was the last time it was updated? \_\_\_\_\_
3. Does your business have job descriptions for each position? \_\_\_Yes \_\_\_No  
If yes when was the last time it was updated? \_\_\_\_\_
4. Does your business have a performance preview process? \_\_\_Yes \_\_\_No
5. Does your business use an objective process to determine pay increases? \_\_\_Yes \_\_\_No

**Subscription Packet** (select one):

\_\_\_\_ **Tier 1:**

Yearly Cost \$499.00

- 6 hours of HR help desk services
- I-9 form audit and training

\_\_\_\_ **Tier 2:**

Yearly Cost \$899.00

- 8 hours of HR help desk services
- I-9 form audit and training
- 1, 2 hour management training session for supervisors and managers

\_\_\_\_ **Tier 3:**

Yearly Cost \$1,299.00

- 10 hours of HR help desk services
- 2, 2 hour management training session for supervisors and managers
- I-9 form audit and training
- Review of human resource policies and procedures manual/Employee handbook and recommended changes

**Make check payable to:**

Human Resource Partnerships, Inc.

**Mail application and check to:**

Human Resource Partnerships, Inc.  
14242 Trailwind Court  
Carmel, IN 46032

**Note:** your subscription services will begin from the date you sign this form and run for one year. At the completion of the first year and each consecutive year, your business will receive a renewal invoice.

\_\_\_\_\_  
Business Representative's Signature

\_\_\_\_\_  
Date