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PROFESSIONAL PROFILE FORM

**NOTICE: FEDERAL LAW PROHIBITS DISCRIMINATION BASED ON AGE, RACE, RELIGION, SEX,
 OR NATURAL ORIGIN. INFORMATION GIVEN THROUGH THIS APPLICATION CANNOT
 AND WILL NOT BE USED FOR ANY DISCRIMINATION PURPOSES.**

PLEASE PRINT

DATE	SOCIAL SECURITY #	COUNSELOR'S NAME	
LAST NAME		FIRST	MIDDLE
STREET ADDRESS		APT.#	
CITY	STATE	ZIP	
PREVIOUS ADDRESS (CITY, STATE, ZIP)			E-MAIL ADDRESS
HOME PHONE	WORK PHONE	CELL PHONE	OTHER PHONE
SPOUSE'S NAME		SPOUSE'S EMPLOYER AND OCCUPATION	
EMERGENCY CONTACT NAME AND PHONE# (NOT SPOUSE)		<input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT <input type="checkbox"/> BORD	HOW LONG
DO YOU HAVE A DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NOT	YEAR & MAKE OF CAR	<input type="checkbox"/> WILL TRAVEL <input type="checkbox"/> LIMITED <input type="checkbox"/> EXTENSIVE	
WILL RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NOT <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> AFTER MONTHS IF NOT, WHY?	LOCATION DESIRED	WHAT LANGUAGES DO YOU SPEAK?	

EDUCATION

	NAME OF SCHOOL	DATES ATTENDED	GPA	GRADUATE	YEAR	DEGREES/TITLES	MAJOR/SUBJECTS
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NOT			
COLLEGE/UNIVERSITY				<input type="checkbox"/> YES <input type="checkbox"/> NOT			
OTHERS				<input type="checkbox"/> YES <input type="checkbox"/> NOT			

DO YOU FINANCE YOUR EDUCATION ? <input type="checkbox"/> YES <input type="checkbox"/> NOT	PERCENT FINANCED:
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HOBBIES, INTERESTS, SPORTS:	MEMBERSHIPS: PROFESSIONAL/SOCIAL
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EMPLOYMENT HISTORY

PLEASE LIST BELOW ALL FORMERS EMPLOYERS BEGINNING WITH THE MOST RECENT. (DO NOT WRITE "SEE RESUME")

FROM MO/YR.	TO MO/YR.	NAME AND LOCATION OF ORGANIZATION	NATURE OF BUSINESS	POSITION/TITLE	
DUTIES PERFORMED		STARTING SALARY	FINAL SALARY	REASON FOR LEAVING	NAME AND PHONE OF SUPERVISOR
FROM MO/YR.	TO MO/YR.	NAME AND LOCATION OF ORGANIZATION	NATURE OF BUSINESS	POSITION/TITLE	
DUTIES PERFORMED		STARTING SALARY	FINAL SALARY	REASON FOR LEAVING	NAME AND PHONE OF SUPERVISOR
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DUTIES PERFORMED		STARTING SALARY	FINAL SALARY	REASON FOR LEAVING	NAME AND PHONE OF SUPERVISOR

POSITION DESIRED (IN ORDER OF PREFERENCE)

A.	B.	C.
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INTERVIEW AVAILABILITY

INTERVIEW AVAILABILITY	DATE YOU WILL BE AVAILABLE?	DO YOU PLAN TO GIVE YOUR EMPLOYER TWO WEEKS NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NOT
ARE YOU REGISTERED WITH ANY OTHER RECRUITING FIRMS? YES <input type="checkbox"/> NOT <input type="checkbox"/>		IF YES, WHO?
COMPANIES YOU HAVE INTERVIEWED WITH: 1. 2. 3. 4. 5.		RESUMES YOU HAVE MAILED: 1. 2. 3. 4. 5.

PERSONAL REFERENCES

LIST THREE INDIVIDUALS WHO HAVE KNOWLEDGE OF YOUR PERSONAL ABILITIES AND CHARACTER.				
NAME	EMAIL ADDRESS	OCCUPATION	HOME PHONE	WORK PHONE

REFERRAL SOURCE (HOW DID YOU HEAR ABOUT US?)

<input type="checkbox"/> FRIEND NAME:	<input type="checkbox"/> RELATIVE NAME:	<input type="checkbox"/> ADVERTISEMENT WHERE:	<input type="checkbox"/> OTHER EXPLAIN
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CRIMINAL RECORD

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE AGAINST CIVIL OR MILITARY LAW, OR BEEN RELEASED FROM A PRISON OR OTHER FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NOT	OMITTE ANY TRAFFIC VIOLATION WITH A FINE UNDER \$100 EXCEPT WHERE LIQUOR OR DRUGS WHERE INVOLVED AND ANY OFFENSE COMMITTED BEFORE YOUR 21 ST BIRTHDAY WHICH WAS FINALLY ADJUDICATED IN A JUVENILE COURT OR UNDER A YOUTH OFFENDER LAW. A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT. IF YES, PLEASE INDICATE THE NATURE OF OFFENSE, DATE, COURT, AND DEPOSITION BELOW.
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PLEASE READ AND SIGN THE FOLLOWING

I CERTIFY THAT THE FACTS CONTAINED IN THIS PROFILE FORM ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED; FALSIFIED STATEMENTS ON THIS PROFILE FORM SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND STATEMENTS CONTAINED IN THE MEDICAL QUESTIONNAIRE.

I AUTHORIZE GLOBAL MANAGEMENT ENTERPRISE TO INVESTIGATE MY PREVIOUS EMPLOYMENT HISTORY THROUGH EQUIFAX EMPLOYMENT VERIFICATION, MIB SERVICES, INC., AND ANY REFERENCES LISTED ABOVE AND RELEASE ANY AND ALL PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE.

I RELEASE GLOBAL MANAGEMENT ENTERPRISE AND ALL OTHER PARTIES FROM ANY LIABILITY THAT MAY RESULT FROM FURNISHING THIS INFORMATION.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

SIGNATURE _____ DATE _____

NOTICE TO APPLICANTS REGARDING CONSUMER REPORTS

A CONSUMER REPORT CONTAINING INFORMATION CONCERNING YOUR EMPLOYMENT HISTORY, CRIMINAL RECORDS, AND MOTOR VEHICLE RECORDS MY BE OBTAINED IN CONNECTION WITH YOUR APPLICATION FOR AND EMPLOYMENT WITH THE COMPANY. A CONSUMER REPORT CONTAINING INJURY AND ILLNESS RECORD AND MEDICAL INFORMATION MAY BE OBTAINED AFTER AN OFFER OF EMPLOYMENT HAS BEEN MADE.

BEFORE ANY ADVERSE ACTION IS TAKEN, BASED IN WHOLE OR IN PART ON THE INFORMATION CONTAINED IN THE CONSUMER REPORT, YOU WILL BE PROVIDED A COPY OF THE REPORT. THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE REPORTING AGENCY, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, AS WELL AS ADDITIONAL INFORMATION ON YOUR RIGHTS UNDER THE LAW WILL BE INCLUDED.

I HAVE READ THE ABOVE AND HEREBY AUTHORIZE THE COMPANY TO OBTAIN CONSUMER REPORTS AS DESCRIBED.

SIGNATURE _____ DATE _____

NOTICE TO APPLICANTS REGARDING JOB PLACEMENT ASSISTANCE

BECAUSE GLOBAL MANAGEMENT ENTERPRISE IS PROVIDING ME WITH JOB PLACEMENT ASSISTANCE, I REALIZE THAT I AM UNABLE TO ACCEPT EMPLOYMENT FROM ANY COMPANY FOR WHICH GLOBAL MANAGEMENT ENTERPRISE WAS RESPONSIBLE FOR THE INITIAL INTRODUCTION UNLESS THERE IS A LAPSE OF TWELVE MONTHS FROM THE TIME OF INTRODUCTION OR THE COMPANY AGREES TO COMPLY WITH GLOBAL MANAGEMENT ENTERPRISE’S PLACEMENT POLICY.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

ADDITIONAL INFORMATION

PLEASE LIST YOUR CURRENT BASE SALARY AND YOUR DESIRED BASE SALARY. (BASE EXCLUDE BONUSSES AND BENEFITS)		CURRENT	DESIRED
WHAT ARE YOUR CURRENT BENEFITS? (INDICATE HOW MUCH YOU CONTRIBUTE TO THE COST)			
DO YOU HAVE COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IN THE PAST TWO YEARS, HOW MANY SCHEDULED DAYS OF WORK (NOT VACATION) HAVE YOU MISSED?	DOES YOUR PRESENT EMPLOYER KNOW THAT YOU ARE CONSIDERING LEAVING? <input type="checkbox"/> YES <input type="checkbox"/> NOT	ARE THERE ANY EMPLOYERS WHO MIGHT NOT REHIRE YOU? <input type="checkbox"/> YES <input type="checkbox"/> NOT
EXPLAIN BRIEFLY THE WAYS YOU WILL BE OF GREATEST VALUE TO YOUR NEXT EMPLOYER:			

EXPLAIN BRIEFLY YOUR EDUCATIONAL GOALS FOR THE NEXT FIVE YEARS:			
LIST THREE MAJORS ACCOMPLISHMENTS: 1. 2. 3.		LIST THREE THINGS YOU WOULD CHANGE AT YOUR CURRENT/PREVIOUS JOB: 1. 2. 3.	
WHAT IS YOUR GREATEST STRENGTH?		WHAT IS THE PRIMARY REASON YOU'VE ACCEPTED POSITIONS IN THE PAST, AND MUST SOMETHING BE OFFERED TO MOTIVATE A CAREER CHANGE?	
WHAT IS YOUR GREATEST WEAKNESS?			
LIST THREE REASONS TO HIRE YOU OVER SOMEONE ELSE: 1. 2. 3.		LIST THREE ADJECTIVES THAT DESCRIBE YOU: 1. 2. 3.	
SENIOR TECHNICIAN CANDIDATES			
HOW MANY PEOPLE HAVE YOU SUPERVISED? LIST THEIR TITLES:		WHY DO YOU FEEL YOU ARE A GOOD MANAGER?	
TECHNICIAN CANDIDATES			
LIST YOUR HARDWARE/NETWORKING SKILLS:		LIST YOUR INDUSTRY CERTIFICATIONS:	
PROGRAMMING CANDIDATES			
LIST YOUR KEYBOARDING SPEEDS: TYPING(WPM) SHORTHAND(WPM) 10-KEY(KPM)		ON A SCALE FROM 1-10 RATE YOURSELF IN THE FOLLOWING AREAS: MATH APTITUDE ----- GRAMMAR ----- SPELLING ----- WRITING ABILITY ----- CREATIVITY----- ORGANIZATION SKILLS ----- PUNCTUALITY/ATTENDANCE ----- COMMUNICATION ----- ATTITUDE -----	
WHAT COMPUTER SOFTWARE KNOWLEDGE DO YOU HAVE?			
MILITARY			
BRANCH SERVICE	FROM DATE	TO DATE	POSITION