

Company Background Information

Company

Name:

Date:

Local Address:

City:

State:

Zip code:

County:

Number of Locations in State:

Number of Years in Business/State:

Product or Service Provided:

Web Site:

Primary Contact

Name:

Position:

Phone:

Fax:

Email:

Parent Company Location:

Check if Same as Above

Address:

City:

State:

Zip code:

Type of Organization:

Public

Private

Other

Type of Business:

Government

Healthcare

Hospitality/Food Service

IT

Manufacturing

Professional Services

Retail

Transportation/Logistics

Other

Summary of Business Activities:

**Number of Employees
at Location:**

Exempt

Non-exempt

Jobs to be Analyzed

1.

2.

3.

4.

5.

6.

Have any of the above jobs been analyzed/profiled?

YES

NO

If so, please describe previous process.