

Business Transition Network Backgrounder

PERSONAL INFORMATION

Name:

.....
Last

.....
First

.....
Middle

Address:

.....
Street, (Apt)

.....
City, State

.....
Zip

Contact Information: ()

.....
Home Telephone

()

.....
Mobile

.....
Email

Are you a Member of CLC? _____ **How Long?** _____ **Care Group Leader?** _____
(Name of CG Leader)

EDUCATION

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			

Other Education or Certifications

.....

POSITION(S) YOU ARE SEEKING: _____

Desired Pay Range: _____ **Are you currently employed?** _____
By Hour or Salary

How long have you been looking for work: _____

Please list your areas of highest proficiency, special skills or other items that would make you an effective employee

PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title

Job notes, skills used, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, skills used, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, skills used, tasks performed and reason for leaving:
