



Candidate Personal Profile – DE Turf Sports Complex

Personal Information

Name: _____
First Middle Last

Address: _____
Street City State Zip

Home Ph: _____ Work Ph: _____
Cell Ph: _____ Email: _____

What social media tools are you currently utilizing?

- Facebook LinkedIn
- Twitter None
- Other _____

Education & Certifications

Institution name: _____ Location: _____
Degree earned: _____ Dates attended: _____

Institution name: _____ Location: _____
Degree earned: _____ Dates attended: _____

Institution name: _____ Location: _____
Degree earned: _____ Dates attended: _____

Other industry aligned courses of study:

_____ Dates attended/completed: _____
Dates attended/completed: _____
Dates attended/completed: _____

Certifications

Name/Type: _____ Date Certified: _____

Name/Type: _____ Date Certified: _____

Name/Type: _____ Date Certified: _____

Name/Type: _____ Date Certified: _____

Employer Information

1. Present/most recent employer: _____

Position/Title: _____ Start date: _____ End date: _____

Reported to: _____
Name *Title*

Reported to you (please include name and title):

Reason for leaving:

2. Previous employer: _____

Position/Title: _____ Start date: _____ End date: _____

Reported to: _____
Name *Title*

Reported to you (please include name and title):

Reason for leaving:

3. Previous employer: _____

Position/Title: _____ Start date: _____ End date: _____

Reported to: _____
Name *Title*

Reported to you (please include name and title):

Reason for leaving:

Statement of Verification & Signature

By signing below, you attest that the information you provided is accurate and true to the best of your knowledge.

Signature

Date

Candidate Compensation Profile – DE Turf Sports Complex

Employer Information

Present/recent employer: _____

Position: _____ Years in position: _____

Annual Base: _____ Bonus: _____

How was bonus calculated: _____

Commissions: _____ Other Income: _____

Previous employer: _____

Position: _____ Years in position: _____

Annual Base: _____ Bonus: _____

How was bonus calculated: _____

Commissions: _____ Other Income: _____

Benefits Information

For the following, please provide information from your most recent place of employment.

Please describe your paid time off (PTO) benefits: _____

Medical Insurance

- I receive(d) coverage from my employer.
- I do/did not receive coverage from my employer.

Type of Coverage:

- Single/for self
- Spouse/family

Percentage paid by employer: _____ Dollar Value of annual medical insurance benefit: _____

Dental Insurance

- I receive(d) coverage from my employer.
- I do/did not receive coverage from my employer.

Type of Coverage:

- Single/for self
- Spouse/family

Percentage paid by employer: _____ Dollar Value of annual dental insurance benefit: _____

Life Insurance

- I receive(d) coverage from my employer.
- I do/did not receive coverage from my employer.

Type of Coverage:

- Single/for self
- Spouse/family

Percentage paid by employer: _____ Dollar Value of annual life insurance benefit: _____

Disability Insurance

- I receive(d) coverage from my employer.
- I do/did not receive coverage from my employer.

Type of Coverage:

- Single/for self
- Spouse/family

Percentage paid by employer: _____ Dollar Value of annual disability insurance benefit: _____

401k – Retirement Plan

- I have a 401k Plan through my employer.
- I do/did not have a 401k Plan through my employer.

Type of Coverage:

- I was offered matching contributions Annual Amount: _____
- I was not offered matching contributions.

Please explain any other type of arrangements: _____

Allowances:

- Clothing Amount: _____
- Dry Cleaning Amount: _____
- Dining Amount: _____
- Other Amount: _____

Statement of Verification & Signature

By providing the information contained within this form and by signing this document, you agree to provide verification of any of the information. This verification process may include requests for your IRS tax returns, W2's, employee agreements from current or previous employers, or other information.

Signature

Date