



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

You agree that Club Thinking Partners and its third-party affiliates may verify the information provided herein.

Signature

Date