

Professional Profile

Personal

Mr. Name: _____ Credentials: _____
 Ms.
 Mrs.

Address: _____ City: _____ State: _____ ZIP: _____

Home phone: _____ Work phone: _____ E-mail: _____

Pager #: _____ Alternate phone: _____ Alternative Email: _____

Willing to travel overnight? Yes No How often? _____ Willing to relocate? Yes No

Geographic preference: _____ Will not consider: _____

Employment

Current position: _____ Type of facility/# of licensed beds: _____

Employer: _____ Gross Revenue: _____

Responsibilities/Duties: _____

Next promotable position: _____ Report to (name/title): _____

Management: Level of and number of staff that you manage: _____

Why would you want to leave? _____

What factors will influence your acceptance of an offer? _____

Compensation

Salary: _____ Bonus: _____ Minimum salary agreeable: _____

Academic Credentials

University: _____	Degree: _____	Year earned: _____
University: _____	Degree: _____	Year earned: _____
University: _____	Degree: _____	Year earned: _____
Other: _____		

Career Assessment

Areas of skills/expertise:

Please describe your ideal position in terms of title, responsibilities, organization size and type:

What are your career goals?

Are there any specific organizations that you would like to consider?

Are you interested in consulting?

Would you consider a temporary/contract assignment?

What are your greatest accomplishments in the past five (5) years?

Computer/software skills:

How did you hear about The Whittaker Group?

Which organizations/recruiting agencies, have you interviewed with or sent your resume to within the past two (2) years?

Additional comments:

I certify that the facts contained in this instrument are true and complete to the best of my knowledge. I hereby authorize investigation of all statements contained herein to provide all necessary information concerning my previous employment and any pertinent information that they may have. I release all parties from all liability for any damage.

Signature of Applicant: _____ Date: _____

Professional Reference Authorization

The Whittaker Group is an executive search and recruitment firm registered in the State of Michigan and operate under its laws and statutes. As our clients ask us to check references on you, we are required to have you complete and sign this form indicating that you are aware of your rights under the law. The Whittaker Group will not contact your present employer without your consent.

Reference #1

Name: _____ Title: _____ Relationship to you: _____
Facility: _____
Facility address: _____
Business Phone: _____ Email: _____ Home Phone: _____

Reference #2

Name: _____ Title: _____ Relationship to you: _____
Facility: _____
Facility address: _____
Business Phone: _____ Email: _____ Home Phone: _____

Reference #3

Name: _____ Title: _____ Relationship to you: _____
Facility: _____
Facility address: _____
Business Phone: _____ Email: _____ Home Phone: _____

Reference #4

Name: _____ Title: _____ Relationship to you: _____
Facility: _____
Facility address: _____
Business Phone: _____ Email: _____ Home Phone: _____

Have you ever been convicted of a felony? No Yes If yes, describe: _____

I understand that an investigative report which may include information concerning my characteristics, modes of living, and financial responsibility may be obtained by prospective employers for evaluation and that I have the right to make request to the designated agency to learn the complete nature and scope of this investigative report.

Applicant Signature: _____ Date: _____

Printed name: _____