

# COMPANY BACKGROUND FORM 3.0

Information is confidential

4.6.06

Parent Company Information (if applicable)		
Parent Name		
Address		City/State/ZIP
Country		Parent Region
Phone ( ) -	Fax ( ) -	E-mail
CEO Name	Title	Web Site
Parent Notes		

Parent Company Contacts			
Type <input type="checkbox"/> Parent Company Primary <input type="checkbox"/> Parent Company Secondary			Title
Name	Middle	Last	E-mail
Phone ( ) -	Extension	Cell Phone ( ) -	Fax ( ) -
Parent Contact Notes			

Type <input type="checkbox"/> Parent Company Primary <input type="checkbox"/> Parent Company Secondary			Title
Name	Middle	Last	E-mail
Phone ( ) -	Extension	Fax ( ) -	
Parent Contact Notes			

Company Information					
Person Filling Out This Form		Date Form Filled Out			
Company Name			Previous Company Name (if applicable)		
Address			Phone ( ) -		
City/State/ZIP			Fax ( ) -		
Web Site			E-mail		
Utility Provider 1:			Utility Provider 2 (if appropriate):		
County	Region (user defined)	SCode (Defined by Master License Holder)	Visit Priority High Medium Low	Next Visit Date	Member/Investor <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Notes					

<b>Company Contact(s)</b>			
<b>Contact # 1</b>			
Contact Type (Circle one) Company Primary Executive    Company Secondary Executive    Company Middle Manager			Title
First	Middle	Last	
Phone (    )    -	Extension	Cell Phone (    )    -	Fax (    )    -
Visit Date	Letter Date	Referred by	Next Contact Date
Company Contact Notes			

<b>Contact # 2</b>			
Contact Type (Circle one) Company Primary Executive    Company Secondary Executive    Company Middle Manager			Title
First	Middle	Last	
Phone (    )    -	Extension	Cell Phone (    )    -	Fax (    )    -
Visit Date	Letter Date	Referred by	Next Contact Date
Company Contact Notes			

<b>History</b>			
Affiliation to parent company	<input type="checkbox"/> Subsidiary	<input type="checkbox"/> Division	<input type="checkbox"/> Branch
Years in Business	Year Company Established in Community	Beginning of Fiscal Year (Month)	

<b>Type of Facility</b> (Please check all that apply)					
<input type="checkbox"/> Headquarters	<input type="checkbox"/> Division	<input type="checkbox"/> Office operation	<input type="checkbox"/> Branch plant	<input type="checkbox"/> Distribution/Warehouse	<input type="checkbox"/> Manufacturing

<b>Type of Ownership</b> (Please check one)			
<input type="checkbox"/> Public	<input type="checkbox"/> Employee-owned	<input type="checkbox"/> Private	<input type="checkbox"/> Family
<input type="checkbox"/> Not-for-Profit	<input type="checkbox"/> State government	<input type="checkbox"/> Federal government	

<b>Products/Services</b>				
Primary Products/Services				
If known, please list your NAICS (NAICS = North American Industry Classification System Code)				
1)	2)	3)	4)	5)

<b>Business Sector</b> (Please check one)			
<input type="checkbox"/> Advanced Manufacturing	<input type="checkbox"/> Consumer Goods Producer	<input type="checkbox"/> Energy & Energy Utilities	<input type="checkbox"/> Industrial Goods
<input type="checkbox"/> Aeronautics and Defense	<input type="checkbox"/> Consumer Services	<input type="checkbox"/> Finance, Insurance, Real Estate	<input type="checkbox"/> Retail Related Operations
<input type="checkbox"/> Agriculture, Forestry, Minerals	<input type="checkbox"/> Convention/tourism	<input type="checkbox"/> Government	<input type="checkbox"/> Technology/Information
<input type="checkbox"/> Building & Construction	<input type="checkbox"/> Diversified	<input type="checkbox"/> Health care & Pharmaceuticals	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Communications	<input type="checkbox"/> Durable goods producer	<input type="checkbox"/> High-end Business Services	<input type="checkbox"/> Transportation
Business Sector Notes			

<b>Local Employment</b>																															
<table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Type</th> <th style="text-align: right; border-bottom: 1px solid black;">Number</th> </tr> <tr> <td style="padding: 2px;">Full-time</td> <td style="border-bottom: 1px solid black; width: 100px;"></td> </tr> <tr> <td style="padding: 2px;">Part-time</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding: 2px;">Leased</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding: 5px;"><b>Total Employees</b></td> <td style="border-bottom: 1px solid black; text-align: right;">(mm/yy)</td> </tr> </table>	Type	Number	Full-time		Part-time		Leased		<b>Total Employees</b>	(mm/yy)	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Function</th> <th style="text-align: right; border-bottom: 1px solid black;">Number</th> </tr> <tr> <td style="padding: 2px;">Management</td> <td style="border-bottom: 1px solid black; width: 100px;"></td> </tr> <tr> <td style="padding: 2px;">Technical</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding: 2px;">Sales/Marketing</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding: 2px;">Clerical</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding: 2px;">Production</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding: 5px;"><b>Total Employees</b></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Function	Number	Management		Technical		Sales/Marketing		Clerical		Production		<b>Total Employees</b>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Number of jobs added or lost (-) in past 3 years</td> <td style="padding: 5px;">Number of shifts per day</td> <td style="padding: 5px;">Number of days per week</td> <td style="padding: 5px;">Peak Season (circle all that apply) <b>J F M A M J J A S O N D</b></td> </tr> </table>	Number of jobs added or lost (-) in past 3 years	Number of shifts per day	Number of days per week	Peak Season (circle all that apply) <b>J F M A M J J A S O N D</b>	
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<b>Total Gross Annual Payroll</b>																															
\$																															
<i>Employment Notes</i>																															

<b>Union Representation</b>	
Is there union representation at your business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Name of Primary Union	Contract expiration date (mm/yy)
2 <sup>nd</sup> Union (if applicable)	2 <sup>nd</sup> Contract expiration date (mm/yy)
3 <sup>rd</sup> Union (if applicable)	3 <sup>rd</sup> Contract expiration date (mm/yy)
Percentage of Workforce Represented _____%	
Union Activity (please check all that apply)	
<input type="checkbox"/> Positive working relationship	<input type="checkbox"/> Organization activities
<input type="checkbox"/> Strike or lockout	<input type="checkbox"/> Arbitration
<input type="checkbox"/> Certification	
<input type="checkbox"/> Decertification	
<i>Union Notes</i>	

<b>Facility</b>		
Acreage	Building Size (square feet)	Number of Buildings
Average Age of Building(s) (check one) <input type="checkbox"/> Under 10 years <input type="checkbox"/> 11–25 years <input type="checkbox"/> Over 25 years		
Average Condition of Building(s) (check one) <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Space added or deleted (-) in last 3 years (square feet)		
Past expansion date (mm/yy)	Size and purpose of expansion	
Past expansion date (mm/yy)	Size and purpose of expansion	
Past expansion date (mm/yy)	Size and purpose of expansion	
Is there <b>room for additional expansion</b> at this location: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the facility owned or leased? <input type="checkbox"/> Owned <input type="checkbox"/> Leased		If leased, lease expiration date
Name, location, phone number of property owner		
<i>Facility Notes</i>		

<b>Other Facilities</b>	
Are there <b>other company-owned facilities</b> in the region? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, <b>what type?</b> (Please check all that apply) <input type="checkbox"/> Headquarters <input type="checkbox"/> Division <input type="checkbox"/> Office operation <input type="checkbox"/> Branch plant <input type="checkbox"/> Distribution/Warehouse <input type="checkbox"/> Manufacturing	
<b>Where are they located?</b>	
Are there <b>other company facilities</b> that make the <b>same or similar products?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, <b>where</b> are they located?	
<i>Other Facility Notes</i>	