

# **CONFIDENTIAL**

## **QUALIFICATION REPORT**

### **FOR**

#### **ADA REPRESENTATIVE**



**AMERICAN DARTERS ASSOCIATION, INC.**

PO Box 627

Wentzville, Missouri 63385

Phone: (636) 614-4380

Fax: (636) 673-1092

American Darters Assoc., Inc. will use this report to help evaluate your qualifications for a territory.

**THIS IS CONFIDENTIAL INFORMATION AND IS NOT A CONTRACT**

Applicant - Name (First) (Middle) (Last)	Date of Birth	Social Security Number
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Married     Single     Divorced     Widowed                      Number of Children \_\_\_\_\_

Applicant's Spouse - Name (First) (Middle) (Last)	Date of Birth	Social Security Number
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<b>PRESENT ADDRESS</b>	Years and Months	Street Address	City	State	Zip Code	Telephone
<b>PREVIOUS ADDRESS</b>	Years and Months	Street Address	City	State	Zip Code	Telephone
<b>PREVIOUS ADDRESS</b> (If above less than 5 years)	Street Address		City	State	Zip Code	Telephone

Do You Rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Landlord	Phone Number	City, State	Zip Code
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Do You Own Your Home?  Yes     No                      (If yes, how long?) \_\_\_\_\_

Have You Ever Been In Business For Yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, please explain)
Has Your Spouse Ever Been Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, please explain)
Have You Or Your Spouse Had Any Serious Illness Or Accidents Within The Last Ten (10) Years? <input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, please explain)

Highest Education Level Achieved 8 9 10 11 12 / 13 14 15 16 / 17 18 Degree? _____	Spouse Education 8 9 10 11 12 / 13 14 15 16 / 17 18 Degree? _____
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Have You Or Your Spouse Ever Been Convicted Of A Felony, Driving Under The Influence Of Alcohol Or Drugs, Filed For Bankruptcy Or Are You Subject To Pending Litigation Or Unsatisfied Judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, please explain)
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# EMPLOYMENT HISTORY

List ALL Jobs Beginning with Present or Most Recent Employer

## APPLICANT

## APPLICANT'S SPOUSE

Employer's Name		Telephone		Employer's Name		Telephone	
Street Address				Street Address			
Your Job Title/Description of Duties				Your Job Title/Description of Duties			
Supervisor's Name		May we communicate with your employer?		Supervisor's Name		May we communicate with your employer?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates of Employment From                      To		Salary per Month Begin                      End		Dates of Employment From                      To		Salary per Month Begin                      End	
Most Significant Accomplishment				Most Significant Accomplishment			
Reason For Leaving				Reason For Leaving			

Employer's Name		Telephone		Employer's Name		Telephone	
Street Address				Street Address			
Your Job Title/Description of Duties				Your Job Title/Description of Duties			
Supervisor's Name		May we communicate with your employer?		Supervisor's Name		May we communicate with your employer?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates of Employment From                      To		Salary per Month Begin                      End		Dates of Employment From                      To		Salary per Month Begin                      End	
Most Significant Accomplishment				Most Significant Accomplishment			
Reason For Leaving				Reason For Leaving			

Employer's Name		Telephone		Employer's Name		Telephone	
Street Address				Street Address			
Your Job Title/Description of Duties				Your Job Title/Description of Duties			
Supervisor's Name		May we communicate with your employer?		Supervisor's Name		May we communicate with your employer?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates of Employment From                      To		Salary per Month Begin                      End		Dates of Employment From                      To		Salary per Month Begin                      End	
Most Significant Accomplishment				Most Significant Accomplishment			
Reason For Leaving				Reason For Leaving			

## PERSONAL REFERENCES

List 3 references (not relatives or employers) who have known you well for at least 5 years.

Name	Street Address	City	State, Zip Code	Occupation	Telephone	Years Known

Referred By: \_\_\_\_\_

## BANK REFERENCES

Account	Account Number	Name of Bank	Phone Number	City	State
Savings					
Checking					
Charge Accounts					
Auto Loans					
Mortgages					
Other Loans					

Are you currently or have you ever been a principal in any other business?     Yes     No

If yes, Please Explain: \_\_\_\_\_

Do you or your spouse own any property (i.e. bar, restaurant etc.) in which the American Dart League could operate?     Yes     No

If yes, Please Explain: \_\_\_\_\_

What do you think the essentials are to running successful American Dart Leagues as an ADA Representative?

\_\_\_\_\_

