
Company Background Report

Company Name: _____
Previous Name: _____
Parent Company Name: _____
Address: _____
City/State/Zip: _____

Phone: _____ Fax: _____

Last Updated _____ Visit Priority: _____
Parent Affiliation: _____ Date of next visit: _____
Years in business: _____ Member: _____
Years established in community: _____
Beginning of fiscal year: _____

Contact Information

Facility Type:

Headquarters Division Office operation Branch plant Distribution Manufacturing

Type of ownership: _____

Primary products: _____

SIC/NAICS: _____

Business sector: _____

Other company owned facilities in the region

Headquarters Division Office operation Branch plant Distribution Manufacturing

Where: _____

Additional company: _____

Facilities making same or _____

Similar products: _____

<u>Total local employment</u>	<u>Local employment by function</u>
Full time: _____	Management: _____
Part time: _____	Technical: _____
Leased: _____	Sales/Marketing: _____
Emp Total: _____	Clerical: _____
	Production: _____

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Jobs added or lost in past 3 years _____ Shifts per day _____
Days per week _____

Peak employment season _____

No Unions

Primary Union: _____

Other union representation: _____

Union Activity

Positive Working relationship

Organization activities

Certification

Decertification

Strike or lockout

Arbitration

Acreage: _____
Building size in sq. ft.: _____
Space added or deleted in last 3 years _____
Past expansion date _____ Type of expansion _____

Age of building _____
Condition of building _____
Number of building(s) _____

1990's _____
1980's _____
1970's _____

Is there room for additional expansion at this location _____

Own or lease facility _____ Lease expiration date: _____

Property owner: _____

Note: _____
