Employer Information and Background Sheet

Please complete this form and return to the Career Services Office.

Company Name/Organization _______________________________________________________

Address _______________________________________________________________________

City ___________________________ State ____________ Zip code _________________________

Contact Person ________________________________     Title ___________________________

Telephone # ___________________________      Fax # _________________________________

Email _________________________________________________________________________

Other Locations ________________________________________________________________

NAICS Code ______________________________    Year Company Started _________________

Number of Employees at Your Company: (please place an X where your company applies)

1-50 _______   51-100 ________   100-250 ________   250-500 ________   500+ ________

What product or service does your company offer?

______________________________________________________________________________

______________________________________________________________________________

Who does your company market to?

______________________________________________________________________________

______________________________________________________________________________

Is there anything else you would like Wright State University to know about your company?

______________________________________________________________________________

______________________________________________________________________________

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