



GLOBAL OUTPLACEMENT ALLIANCE

PARTNER APPLICATION

Name of Firm: _____

Principal Address: _____

Office Phone(s): _____ Fax: _____

Email: _____ Website: _____

OTHER OFFICE LOCATIONS

1. Address: _____

Phone: _____ Fax: _____

Email: _____

2. Address: _____

Phone: _____ Fax: _____

Email: _____

3. Address: _____

Phone: _____ Fax: _____

Email: _____

4. Address: _____

Phone: _____ Fax: _____

Email: _____

FULL NAME OF PRINCIPALS	% OWNED	YEARS IN OUTPLACEMENT
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Place an asterisk next to the name of the person that will be the primary GOA contact

Date Founded: _____ Legal Structure: _____

Number of Staff:

Professional Staff: Full-time _____ Part-time _____

Support Staff: Full-time _____ Part-time _____

On Call Staff: _____

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Is a Ph.D. Psychologist Used? _____ On Staff _____ As Needed _____

Is office support part of your Full Program? _____

Do you solicit "Retail" clients? _____

Do you do search or placement? _____

TYPES OF PROGRAMS PROVIDED

Senior Executive Program	_____ Yes	_____ No	_____ % of OP Business
Full Executive/Professional	_____ Yes	_____ No	_____ % of OP Business
Pre-retirement Program	_____ Yes	_____ No	_____ % of OP Business
Entrepreneurial Program	_____ Yes	_____ No	_____ % of OP Business
Modified Outplacement	_____ Yes	_____ No	_____ % of OP Business
Group Programs	_____ Yes	_____ No	_____ % of OP Business

Other: _____

ANNUAL DOLLAR (\$) VOLUME FOR PREVIOUS FISCAL YEAR

_____ 250 K _____ 250K to 500K _____ 500K to 1 Million
_____ 1 M to 1.5 M _____ 1.5 M to 2 M _____ over 2 M

% of Business derived from Outplacement programs? _____%

Description of Non-outplacement activities:

Reasons for application to GOA:

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CORPORATE REFERENCES (please supply 3 corporate references)

Name: Title:
Firm: Telephone:
Fax: Email:

Types of Programs Supplied:

Name: Title:
Firm: Telephone:
Fax: Email:

Types of Programs Supplied:

Name: Title:
Firm: Telephone:
Fax: Email:

Types of Programs Supplied:

By applying for Membership and if approved for Membership in the Global Outplacement Alliance, the Applicant Firm agrees to be in agreement with by the terms and conditions of the Alliance, its Mission, and Participation Policy.

Date: _____

Signature: _____