



# Career History Form

Thank you for taking the time to complete the career history form. Please read these instructions carefully before completing the form.

1. In the Business Experience section, each letter (A, B, C, etc.) corresponds to a specific job. If, for example, your present employer is Acme and you have had three different jobs, each with a different job title with Acme:
  - A is Acme, present job
  - B is Acme, the next previous job
  - C is Acme, the job previous to B

Please complete a section of this form (A, B, C, etc.) **for every job** where there was a change in your job title. The only jobs to be grouped would be ones such as a two-year job rotation in a management training program—where the "job" changes every three months but the salary stays basically the same, and the job title is really "management trainee".

2. Begin with your present, or most recent, job and progress backward in time going from A to B to C, etc.
3. The form is set up for up to 10 job titles, A – J. If you have had more than 10 jobs, that's okay, but please attach a separate sheet outlining those additional jobs formatted like jobs D – J.
4. For each job you are asked to estimate how your final boss would rate your overall performance on a scale of Excellent, Very Good, Good, Fair, and Poor.

At an appropriate time (near a job offer) we may ask you to arrange personal reference calls with bosses you've had.

**STR SOFTWARE**  
**ATTN: BEN BRUNO, PRESIDENT**  
11505 Allecingie Parkway  
Richmond, VA 23235  
Email: Ben.Bruno@strsoftware.com  
Phone: 804-897-1600 x100 Fax: 804-897-1638

This Topgrading form is copyrighted material from Smart & Associates and is licensed for use by STR Software. It may not be used other than during the interview process at STR Software.

1998 © Smart & Associates, Inc., Revised 2008 ([www.SmartTopgrading.com](http://www.SmartTopgrading.com))



# Career History Form

This information will not be the only basis for hiring decisions. You are not required to furnish any information that is prohibited by federal, state or local law.

Last name	First	Middle		
Home address	City	State	Zip code	Area code + telephone no. ( )
Business address	City	State	Zip code	Area code + telephone no. ( )
Email address	Mobile #	Date		

Position applied for \_\_\_\_\_ Earnings expected \$ \_\_\_\_\_

**I. BUSINESS EXPERIENCE:** (Please start with your present or most recent position.) REMINDER: DO NOT COMBINE JOBS—FILL OUT A COMPLETE SECTION OF THIS FORM FOR **EVERY** JOB WHERE YOUR JOB TITLE CHANGED.

A. Firm \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Kind of business \_\_\_\_\_ Starting date (mo/yr) \_\_\_\_\_ Final (mo/yr) \_\_\_\_\_  
 Title \_\_\_\_\_ Staff: Number of direct reports: \_\_\_\_\_ Total Staff: \_\_\_\_\_

Salary (Starting) \_\_\_\_\_ 

Base	\$	_____
Bonus	\$	_____
Other	\$	_____

 Salary (Final) \_\_\_\_\_ 

Base	\$	_____
Bonus	\$	_____
Other	\$	_____

Name of immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

What is your best guess as to how this supervisor would rate your overall performance?

Excellent	Very Good	Good	Fair	Poor	Impossible to Provide
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If rating is impossible to provide, please explain \_\_\_\_\_

What do (did) you like most about your job? \_\_\_\_\_

What do (did) you least enjoy? \_\_\_\_\_

If you are leaving or have left the company, please indicate your motivation to leave.

100% Mine	Mutual	100% Company's (I was fired)	Options don't fit circumstance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If options don't fit circumstance, please explain \_\_\_\_\_

**REMINDER:** DO NOT COMBINE JOBS—FILL OUT A COMPLETE SECTION OF THIS FORM FOR **EVERY** JOB WHERE YOUR JOB TITLE CHANGED.

**B.** Firm \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Kind of business \_\_\_\_\_ Starting date (mo/yr) \_\_\_\_\_ Final (mo/yr) \_\_\_\_\_

Title \_\_\_\_\_ Staff: Number of direct reports: \_\_\_\_\_ Total Staff: \_\_\_\_\_

Salary (Starting) \_\_\_\_\_ 

Base	\$	_____
Bonus	\$	_____
Other	\$	_____

 Salary (Final) \_\_\_\_\_ 

Base	\$	_____
Bonus	\$	_____
Other	\$	_____

Name of immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

What is your best guess as to how this supervisor would rate your overall performance?

Excellent	Very Good	Good	Fair	Poor	Impossible to Provide
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If rating is impossible to provide, please explain \_\_\_\_\_

What do (did) you like most about your job? \_\_\_\_\_

What do (did) you least enjoy? \_\_\_\_\_

If at the end of this job you left the company, please indicate your motivation to leave.

100% Mine	Mutual	100% Company's (I was fired)	Options don't fit circumstance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If options don't fit circumstance, please explain \_\_\_\_\_

**REMINDER:** DO NOT COMBINE JOBS—FILL OUT A COMPLETE SECTION OF THIS FORM FOR **EVERY** JOB WHERE YOUR JOB TITLE CHANGED.

**C.** Firm \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Kind of business \_\_\_\_\_ Starting date (mo/yr) \_\_\_\_\_ Final (mo/yr) \_\_\_\_\_

Title \_\_\_\_\_ Staff: Number of direct reports: \_\_\_\_\_ Total Staff: \_\_\_\_\_

Salary (Starting) \_\_\_\_\_ 

Base	\$	_____
Bonus	\$	_____
Other	\$	_____

 Salary (Final) \_\_\_\_\_ 

Base	\$	_____
Bonus	\$	_____
Other	\$	_____

Name of immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_

What is your best guess as to how this supervisor would rate your overall performance?

Excellent	Very Good	Good	Fair	Poor	Impossible to Provide
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If rating is impossible to provide, please explain \_\_\_\_\_

What do (did) you like most about your job? \_\_\_\_\_

What do (did) you least enjoy? \_\_\_\_\_

If at the end of this job you left the company, please indicate your motivation to leave.

100% Mine	Mutual	100% Company's (I was fired)	Options Don't Fit Circumstance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If options don't fit circumstance, please explain \_\_\_\_\_

**Previous Positions Held** REMINDER: DO NOT COMBINE JOBS—FILL OUT A COMPLETE SECTION OF THIS FORM FOR **EVERY** JOB WHERE YOUR JOB TITLE CHANGED.

	a. Company b. City, State c. Performance Rating (Excellent, Very Good, Good, Fair, Poor)	a. Your title b. Name of supervisor c. If left the company after this job, Motivation for Leaving (100% Mine, Mutual, 100% Company's)	Date (mo/yr) a. Began b. Left	Compensation a. Initial b. Final	a. Type of work
<b>D.</b>	a.			Initial \$	
	b.			Final \$	
	c.				
<b>E.</b>	a.			Initial \$	
	b.			Final \$	
	c.				
<b>F.</b>	a.			Initial \$	
	b.			Final \$	
	c.				
<b>G.</b>	a.			Initial \$	
	b.			Final \$	
	c.				
<b>H.</b>	a.			Initial \$	
	b.			Final \$	
	c.				
<b>I.</b>	a.			Initial \$	
	b.			Final \$	
	c.				
<b>J.</b>	a.			Initial \$	
	b.			Final \$	
	c.				

Indicate by letter \_\_\_\_\_ any of the above employers you do not wish contacted.

II. MILITARY EXPERIENCE:

If in service, indicate branch \_\_\_\_\_ Date (mo/yr) entered \_\_\_\_\_ Date (mo/yr) discharged \_\_\_\_\_  
Nature of duties \_\_\_\_\_  
Highest rank or grade \_\_\_\_\_ Terminal rank or grade \_\_\_\_\_

III. EDUCATION:

High School 1 2 3 4 College/Graduate School 1 2 3 4 5 6 7 8 (Circle highest grade completed)  
**High School** Name of High School \_\_\_\_\_ Location \_\_\_\_\_  
Approximate number in graduating class \_\_\_\_\_ Rank from the top \_\_\_\_\_  
Final grade point average \_\_\_\_\_ (A = \_\_\_\_\_)  
  
Extracurricular activities \_\_\_\_\_  
\_\_\_\_\_  
  
Offices, honors, and awards \_\_\_\_\_  
  
Part-time and summer work \_\_\_\_\_

College/Graduate School

Name and location	Dates (mo/yr)		Degree	Major	Grade	Total	Extracurricular activities, honors and awards
	From	To			Point Average	Credit Hours	
					(A=____)		
					(A=____)		
					(A=____)		

What undergraduate courses did you like most? Why? \_\_\_\_\_  
What undergraduate courses did you like least? Why? \_\_\_\_\_  
How was your education financed? \_\_\_\_\_  
Part-time and summer work \_\_\_\_\_  
Other courses, seminars, or studies \_\_\_\_\_  
\_\_\_\_\_

#### IV. ACTIVITIES:

Membership in professional or job-relevant organizations (You may exclude groups that indicate race, color, religion, national origin, disability, or other protected status.) \_\_\_\_\_

Publications, patents, inventions, professional licenses, or additional special honors or awards \_\_\_\_\_

What qualifications, abilities, and strong points will help you succeed in this job? \_\_\_\_\_

What are your weak points and areas for improvement? \_\_\_\_\_

#### V. CAREER NEEDS:

Willing to relocate? Yes \_\_\_ No \_\_\_ If no, explain \_\_\_\_\_

Amount of overnight travel acceptable \_\_\_\_\_

What are your career objectives? \_\_\_\_\_

#### VI. OTHER:

Do you have the legal right to work for any employer in the United States? Yes \_\_\_ No \_\_\_

Would you be willing to arrange reference calls with supervisors you've had in the past decade, as a last step before a final job offer? Yes \_\_\_ No \_\_\_

**I certify that answers given in this Topgrading Career History Form are true, accurate and complete to the best of my knowledge. I authorize investigation into all statements I have made on this Form as may be necessary for reaching an employment decision. I understand that I may be asked to arrange reference calls with managers I've worked for.**

**In the event I am employed, I understand that any false or misleading information I knowingly provided in my Career History Form or interview(s) may result in discharge and/or legal action. I understand that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form to STR Software using email, fax or postal mail below:**

**STR SOFTWARE**  
**ATTN: BEN BRUNO, PRESIDENT**  
11505 Allecingie Parkway  
Richmond, VA 23235  
Email: Ben.Bruno@strsoftware.com  
Phone: 804-897-1600 x100 Fax: 804-897-1638

This Topgrading form is copyrighted material from Smart & Associates and is licensed for use by STR Software. It may not be used other than during the interview process at STR Software.

1998 © Smart & Associates, Inc., Revised 2008 ([www.SmartTopgrading.com](http://www.SmartTopgrading.com))