

# CONFIDENTIAL QUESTIONNAIRE

## POSTAL CENTER USA CONFIDENTIAL QUESTIONNAIRE Please print or type completely

### PERSONAL DATA

Your Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Home Address: \_\_\_\_\_ How long at this address? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Spouse Name: \_\_\_\_\_ Date Married: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Education (circle one)

8 9 10 11 12 College \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_

### Personal References (Other than relatives)

Name	Address/Phone	Years Known
1. _____		
2. _____		
3. _____		

### Business References

Company	Address/Zip	Phone
_____		
_____		
_____		

### EMPLOYMENT DATA

Are you now self-employed? \_\_\_\_\_ (If yes, please complete the following:)

Name of Firm: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Title: \_\_\_\_\_ Yearly Sales: \_\_\_\_\_

How Many Employees: \_\_\_\_\_ Years in Business: \_\_\_\_\_

**EMPLOYMENT RECORD**

Yourself

If your spouse works, please complete:

Current Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 Present Salary (Annual): \_\_\_\_\_  
 Year Started: \_\_\_\_\_  
 Description of Work: \_\_\_\_\_

Current Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 Present Salary (Annual): \_\_\_\_\_  
 Year Started: \_\_\_\_\_  
 Description of Work: \_\_\_\_\_

Your previous business experience (list in order):

Firm	Address	From	To	Position	Annual Gross Income

**FINANCIAL DATA**

	Assets		Liabilities
Cash on Hand and in Banks	\$ _____	Notes Payable	\$ _____
Savings Certificates	\$ _____	Home Mortgage	\$ _____
Market Value of Your Home	\$ _____	Current Obligations (list auto, credit cards)	\$ _____
Other Real Estate (Market Value)	\$ _____	_____	\$ _____
Stocks, Bonds and Securities	\$ _____	_____	\$ _____
Insurance (cash value)	\$ _____	_____	\$ _____
Automobile (s)	\$ _____	_____	\$ _____
Amount Due You	\$ _____	_____	\$ _____
Your Business Assets	\$ _____	_____	\$ _____
Other Assets (Describe)	\$ _____	_____	\$ _____
Total Assets	\$ _____	Total Liabilities	\$ _____
Net Worth (Assets minus Liabilities)	\$ _____		

I certify the above information is accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_