Pro Tem Candidate Information Sheet

Name	Home Phone
	Cell Phone □
	Other Phone □
Note: Please check the box next to the telephone	number that can be given to the public for transcript requests.
CSR No E-mail	Fax No
Emergency Contact:	Phone No
Referred By:	
NCPA Mambarship Na	Which of the following NCRA certifications do you hold:
NONA Membership No.	Which of the following NCNA certifications do you floid.
RPR Pass Date:	RMR Pass Date:
CRR Pass Date:	RDR Pass Date:
CAT system you are using: If yes, please describe services you can provide:	
Can you furnish ASCII diskettes?	
Please check the areas in which you'd be willing to work (you may rank them by preference, if you'd like):	
North County Central	East County South Bay
(For Office Use Only)	
Resume Copy of CSR License L	ocal Background Finger Print (date) (date)
	Civil / Family Sit-In:(date)
	Dept. No.: Host Rptr:
·	Civil / Family Transcript Received:
(dat	
	Date:
	Faxed to Leads: Personnel notified