

P. JASON KING ASSOCIATES, INC.  
A Retained Executive Search, Career Development, and Consulting Organization

P. Jason King Executive Search

**SEARCH SPECIFICATIONS**  
(Questionnaire)

By filling out this form, you are under no obligation.

Once this form has been completed, please e-mail it to us at

[SearchSpecs@PJasonKingAssociates.com](mailto:SearchSpecs@PJasonKingAssociates.com) (In SUBJECT BOX place words SEARCH SPECS).

Questions? Call us or e-mail us:

Toll Free in the USA 1-888-697-7899 Monday – Friday, 9:00am to 6:00pm, ET

For overseas calls, please call 001-212-697-7899

[SpecQuestions@PJasonKingAssociates.com](mailto:SpecQuestions@PJasonKingAssociates.com) (In SUBJECT BOX place word QUESTION).

**Company Classification**

Please place an “X” next to the option that describes your Company best:

- |                             |                          |
|-----------------------------|--------------------------|
| Travel Agency               | <input type="checkbox"/> |
| Cruise Only Agency          | <input type="checkbox"/> |
| Travel Management Company   | <input type="checkbox"/> |
| Tour Operator/Wholesaler    | <input type="checkbox"/> |
| Consolidator                | <input type="checkbox"/> |
| Cruise Line                 | <input type="checkbox"/> |
| Hotel Chain                 | <input type="checkbox"/> |
| Hotel (Individual Property) | <input type="checkbox"/> |
| Hotel Representative        | <input type="checkbox"/> |
| Airline                     | <input type="checkbox"/> |

*Classifications continued next page*

- Tourist Board/C&VB
- Motorcoach
- Incentive House/Meeting Planning
- Car Rental
- Rail
- Corporate Travel Dept
- Internet/eCommerce
- Other \_\_\_\_\_

You must respond to all asterisk (\*) items or this form will be rejected

\*How did you learn of our services? \_\_\_\_\_

\*Company Name: \_\_\_\_\_

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

\*City: \_\_\_\_\_

\*State: \_\_\_\_\_

\*Zip Code: \_\_\_\_\_

\*Country: \_\_\_\_\_

\*Business Phone (with Area code/Country code): \_\_\_\_\_

\*Business Fax (with Area code/Country code): \_\_\_\_\_

Toll Free Phone: \_\_\_\_\_

Web Site: <http://www.> \_\_\_\_\_

\*Your Full Name: \_\_\_\_\_

\*Your Title: \_\_\_\_\_

\*Best Time To Reach: \_\_\_\_\_

\*Time Zone: \_\_\_\_\_

Direct Phone Line (with Area code/Country code): \_\_\_\_\_

Direct Fax Line (with Area code/Country code): \_\_\_\_\_

\*Your E-Mail Address: \_\_\_\_\_

\*Are You a Principal/Owner/Partner of the Company? \_\_\_\_\_

\*If NOT, please provide Principal's Name: \_\_\_\_\_

\*Title: \_\_\_\_\_

\*Year Started: \_\_\_\_\_

Original Owner: \_\_\_\_\_

ARC: \_\_\_\_\_

IATA: \_\_\_\_\_

CLIA: \_\_\_\_\_

\*Company Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Affiliations (i.e. ASTA, Consortia): \_\_\_\_\_

\*Number of F/T Employees: \_\_\_\_\_

Number of P/T Employees: \_\_\_\_\_

\*Gross Sales Volume: \_\_\_\_\_

\*Automation System (CRS/GDS): \_\_\_\_\_

\*Back Office System: \_\_\_\_\_

\*Business Mix (%): \_\_\_\_\_

Other office locations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Office Hours: \_\_\_\_\_

\*Company Benefits:

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\*Vacation Policy: \_\_\_\_\_

\*Sick/Personal Days: \_\_\_\_\_

Fam Policy (How many days, Paid?): \_\_\_\_\_

Incentives:

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Bonus Policy: \_\_\_\_\_

\*Salary Review Policy: \_\_\_\_\_

\*Proposed Job Title: \_\_\_\_\_

\*Person's Name the above position reports to? \_\_\_\_\_

\*Title of that person: \_\_\_\_\_

\*Proposed Job Description:

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\*Proposed Annual Salary range: \_\_\_\_\_

**(Job Order cannot be processed without a salary range, WE CANNOT ACCEPT THE WORD/PHRASE "NEGOTIABLE")**

Bonus (if applicable): \_\_\_\_\_

Paid when: \_\_\_\_\_

Incentives (if applicable): \_\_\_\_\_

Paid when: \_\_\_\_\_

\*Relocation Paid: \_\_\_\_\_

\*Printed/Typed Name OF PERSON completing this form:

\_\_\_\_\_

\*Title: \_\_\_\_\_

\*Today's Date: \_\_\_\_\_

Please provide us with the Name and Title of an Officer of your Corporation who will be responsible for signing our contract:

\*Printed/ Typed Name of OFFICER: \_\_\_\_\_

\*Title: \_\_\_\_\_

\*Their e-mail address: \_\_\_\_\_

## THANK YOU

**A Principal of our company will discuss your exact requirements and will assist you in determining which of our Agreements you are most suited for. By filling out this form, you are under no obligation; however, please provide accurate information as our company intends to rely on it. Also, if we enter into an Agreement with you, this completed Search Specifications form may be considered to be part of the Agreement.**

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