

**OPERATION IMPACT CANDIDATE PROFILE**

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| --- | --- | --- | --- |
| Name: |       | Date: |       |
| Date Available: |  |       |
| Military Rank & Grade: |       | Branch of Service: USA[ ]  USN[ ]  USMC[ ]  USAF[ ]  Guard/Reserve[ ]  |
| Military Occupational Skill/Code(s) (MOS/MOC) **Please spell out and include code; i.e., Infantry/11B**: |  |
|  |       |
| Period of military service (i.e., 01/2003-Present) |       |
| Security Clearance Level:  |       | Active? [ ] Yes [ ] No [ ] Not sure |
| Highest level of education (include current enrollment & expected graduation date) |       |
|  | Degree Program: |       |  |
| Current location (city/state):  |       |
| Open to relocation? Yes[ ]  No[ ]  | If yes, will you relocate anywhere? [ ] Yes [ ] No  |
| Do you have a geographical preference (i.e., east coast, west coast, overseas)?  |       |

We would like to have the opportunity to share your resume with our Network of Champions, which is made up of approximately 100 other companies who are committed to assist with your career transition. This will provide you with additional resources in your career search. You will still remain in the Operation IMPACT program unless you find a position with one of our Network of Champion companies. May we share your resume with our Network of Champions? Yes[ ]  No[ ]

***YOUR CONTACT INFORMATION—PLEASE PRINT:***

|  |  |  |  |
| --- | --- | --- | --- |
| Primary contact number: |       | Alternate: |       |
| Email address: |       |  |  |
|  |
| **COMMENTS/NOTES*****Please include information regarding the career field and/or type of positions you would be interested in****. The more specific you are about what type of position you are looking for, the better we can assist you. Please do not share any information regarding your disability or work-related restrictions in this Profile.* |

I understand that I must meet specific eligibility requirements for acceptance into the Operation IMPACT program. I have been provided those eligibility requirements and certify that I meet such requirements. I also understand that I will be required to provide Northrop Grumman an authorization for release of medical information as outlined in the Operation IMPACT guidelines and authorization form.

**ELECTRONIC SIGNATURE STATEMENT**: I certify that by entering my name, either hard copy signature or electronically typed, I agree to these guidelines as a condition of participating in the Operation IMPACT Program, and authorize the release of my medical and confidential information as indicated above. I also intend for this document, if utilized in electronic form, to have the same force and effect as if it was personally signed by me in writing.

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| --- | --- | --- | --- | --- |
|       |  |  |  |       |
| Typed Name |  | Signature (not required for electronic signature) |  | Date |