



BUSINESS PROFILE

Columbia Public Schools

BUSINESS: _____ Telephone Number: _____

CEO: _____

BUSINESS ADDRESS: _____

PIE CONTACT PERSON (S): _____ Telephone number: _____

E-mail address: _____

DESCRIPTION OF PRODUCT/SERVICES: _____

LIST OF DEPARTMENTS: (PLEASE USE BACK IF MORE SPACE IS NEEDED)

NUMBER OF EMPLOYEES: _____ PART-TIME: _____ FULL-TIME: _____

NUMBER OF SHIFTS: _____

ADDITIONAL INFORMATION: _____

Signature/Date