



(ID) RECORD/RESUME REQUEST FORM (QJ-21.1)

DATE: _____

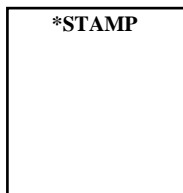
PERSONAL DATA

Name (Last, First, Middle Initial)	
Company Name	Email
Company Address including street, city, state (province) zip/postal code	
Phone	How long with company?
Citizenship	

RECENT ASSIGNMENTS

Previous Position & Responsibilities
Current Position & Responsibilities

STAMP RECORD (*TO BE COMPLETED BY GDLS)



*RECIPIENT: _____

SIGNATURE: _____

DATE: _____ Supplier # and Site Code: _____

GDLS ISSUER : _____

Send this form with **first 2 sections** completed via email to sqa@gdls.com and/or your regional lead. You will be contacted to arrange a meeting regarding stamp training.