

# Personal Resume

Provide one for each 20% business or property owner.

Name \_\_\_\_\_  
FIRST MIDDLE MAIDEN LAST

Social Security Number \_\_\_\_\_ Driver's license Number (provide copy) \_\_\_\_\_

Date of Birth \_\_\_\_\_ City and State or Country of Birth \_\_\_\_\_

U.S. Citizen?  Yes  No If no, Alien ID # (provide copy front and back) \_\_\_\_\_

Home Address lived there from \_\_\_\_\_ to Present

\_\_\_\_\_  
STREET ADDRESS SUITE

Previous Address lived there from \_\_\_\_\_ to \_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
STREET ADDRESS SUITE

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
CITY STATE ZIP

E-mail \_\_\_\_\_

Spouse's Name \_\_\_\_\_  
FIRST MIDDLE MAIDEN LAST

Are you a U.S. government employee?  No  Yes If yes, what agency/position? \_\_\_\_\_

If the answer to any of the following three questions is yes, provide a detailed exhibit explaining the incident(s).

Are you presently under indictment, parole or probation?  No  Yes

Have you ever been charged with and/or arrested for any criminal offense other than a minor motor vehicle violation? This includes offenses which have been dismissed, discharged or not prosecuted.  No  Yes

Have you ever been convicted, placed on pretrial diversion or on any form of probation, including adjudication without pending probation for any criminal offense other than a minor motor vehicle violation?  No  Yes

## Military Service Background

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Honorable Discharge?  No  Yes

## Education (college or technical training)

Institution Name and Location	Dates Attended	Major	Degree or certificate
_____	From _____ To _____	_____	_____
_____	From _____ To _____	_____	_____

## Business Experience (List chronologically beginning with present employment for a minimum of 10 years. Add pages if necessary.)

1. Company Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position/Responsibilities \_\_\_\_\_

2. Company Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position/Responsibilities \_\_\_\_\_

3. Company Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position/Responsibilities \_\_\_\_\_

4. Company Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position/Responsibilities \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_