

Resume Document

THE FOLLOWING FORM MUST BE ENTIRELY COMPLETE, BY EACH PRINCIPAL, BEFORE APPLICATION WILL BE PROCESSED

Name: _____
 First Middle Maiden Last Social Security #

Date of Birth: _____ Place of Birth: _____ If not a U.S. Citizen-alien registration # _____

.....
Home Address: _____
 Street City State Zip

From (month/year): _____ to Present Home Phone: _____ Business Phone: _____

Immediate Past Address: _____
 Street City State Zip

From (month/year): _____ to _____

.....
Marital Status: _____ # of Children: _____

Spouse's Name: _____
 First Middle Maiden Last Social Security #

.....
Race: _____

Are you employed by the U.S. Government? _____

If so, give name of agency and position: _____

MILITARY SERVICE BACKGROUND

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Honorable? _____

Job Description: _____

.....

Be sure to answer the next 3 questions correctly because they are important. The fact that you have an arrest or conviction record will not necessarily disqualify you. But an incorrect answer will probably cause your application to be turned down.

Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? ___ Yes ___ No

Have you ever been arrested in the past six months for any criminal offense? ___ Yes ___ No

For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? ___ Yes ___ No

If yes, to any of the above, furnish details in a separate exhibit (Addendum B). List name(s) under which held.

Education

College or Technical Training Name and Location	Dates Attended From To	Major	Degree or Certificate
1.			
Comments			
2.			
Comments			
3.			
Comments			
4.			
Comments			

Work Experience

List chronologically, beginning with present employment

Name of Company	Percentage of Business Owned: %
Full Address	
From:	To:
Title:	Duties:
Name of Company	Percentage of Business Owned: %
Full Address	
From:	To:
Title:	Duties:
Name of Company	Percentage of Business Owned: %
Full Address	
From:	To:
Title:	Duties:
Name of Company	Percentage of Business Owned: %
Full Address	
From:	To:
Title:	Duties:

Signature: _____

Date: _____

Addendum B

SBA Form 912 is required for every proprietor, general partner, officer, director, managing member of a limited liability company (LLC), owner of 20% or more of the equity of the Applicant, Trustor (if the Small Business Applicant is owned by a trust), and any person hired by the Applicant to manage day-to-day operations. **(Make additional copies if necessary)**

Lender Name: _____	Phone: _____
Street Address: _____	
City, State, Zip: _____	

Principal Name: _____	Phone: _____
Street Address: _____	
City, State, Zip: _____	

Charge: _____	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
Month/Day/Year (if actual day unknown, then Month/Year): _____		
City, County, State of Arrest: _____		
Disposition of Charge (List Specific Details)		
Sentence: _____		
Fine: _____		
Other: _____		
Date of Disposition Completed: _____		

Signature: _____ Date: _____