Management Resumé & Background Information

To be completed in full by each officer, director, key employee, guarantor or owner of 20% or more of the business. Please make additional copies of this form as needed.

Name			Middle	Maiden	Social Security #						
First Date of Birth			Maiden		Evn	Diago of Pirth					
Date	OIDI	run	Driver's Lic. #		State	Ехр.	Place of Birth	City/State/Country			
Curr	ent H	ome Address	Street	City	State		Zip	Dates From	To		
Prev	ious I	Home Address	ou ou	Oity	Olato		·	Dates 1 Tolli	10		
Home Telephone ()			Street	City Home Fax (State \		^{Zip} Cell Phone (Dates From	То		
Yes	No										
		Are you a U.S. Citizen? If no, please provide a copy of your Alien Registration Card (front & back).									
		Are you presently under indictment, on parole, or on probation? If yes, please indicate date parole or probation is to expire. Date:									
		Have you ever been charged, arrested, or convicted of any criminal offense other than a minor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted. If yes, please provide details. (All arrests and charges must be disclosed and explained on an attached exhibit.)									
		Have you ever been convicted, placed on pretrial diversion, or placed on any form or probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?									
		Are you involved in any lawsuits or potential litigation, or have you ever filed for personal or business bankruptcy protection? If yes, please provide details on a separate exhibit.									
		Have you ever been known under any other name(s)? If yes, please provide name(s) and date(s) (include maiden and/or previous married names): Name(s) Date(s)									
		☐ Have you or any member of your household ever been employed by the U.S. Government or Military?									
		If yes, name of pers	son:				Relationship:				
		Agency/Position/Ra	nk/Grade:				Dates of Serv	ice:			
		Have you ever defaulted or paid less than 100% of any federal government obligation (i.e., student loans, FHA mortgage, taxes)?									
Affiliate Businesses Do you or your spouse own or have an interest in any other business(es)? If yes, please complete the information below. (If you own a combined 20% or more interest or are involved in the day-to-day operation of the business(es), please provide the most recent 3 year's tax returns, a current interim financial statement and debt schedule for each business.)											
Individual's Name			<u>Title</u>	<u>Bus</u>	iness Name		Nature of Busin	<u>ness</u>	% Ownership		

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		Employment History				
Company Name			Business Typ	oe		
Address						
	Street	City	State	Zip		
Position/Duties						
From	Month/Year		Until	Month/Year		
Company Name			Business Typ	De		
Address			7-4			
	Street	City	State	Zip		
Position/Duties						
From	Month/Year		Until	Month/Year		
Company Name			Business Typ	ne	_	
Address						
Address	Street	City	State	Zip		
Position/Duties						
From			Until			
	Month/Year			Month/Year	_	
Company Name			Business Typ	De		
Address	Street	City	State	Zip		
Position/Duties	- Cilicon	<u> </u>				
1 Osition/Duties						
F			1.1-4:1			
From	Month/Year		Until	Month/Year		
	Name of Institution	Education History City, State	Degree/Certificatio	on Year Graduated		
High School						
College/Universit	ty				_	
Technical Schoo	I					
Graduate School						
Signature		Title		Date		