

OWNER / MANAGEMENT RESUME

(Please copy if additional forms are required)

Please fill in all spaces. Use full first, middle, last and maiden names, no initials. If an item is not applicable, please indicate so. You may include additional relevant information on a separate exhibit. Sign and date where indicated.

Name _____ SS# _____
 First Middle Maiden Last

Date of Birth _____ Place of Birth _____

Residence Phone _____ Business Phone _____ Fax _____

Residence Address _____
 Street City State Zip

Previous Address _____
 Street City State Zip

Lived there from _____ to _____
 Month and Year Month and Year

Spouse's Name _____ SS# _____
 First Middle Maiden Last

Are you a U. S. Citizen? Yes No If no, give Alien Registration Number _____

Have you ever been charged with or convicted of any criminal offense other than a misdemeanor involving a motor vehicle violation? Yes No If yes, furnish details in a separate exhibit.

Are you involved in any lawsuit at this time or have you ever filed for personal bankruptcy protection? Yes No If yes, furnish details in a separate exhibit.

Have you ever obtained credit under any other name(s)? Yes No If yes, furnish details in a separate exhibit.

EDUCATION:

College or Technical Training. Name and Location	Dates Attended From/To	Major	Degree or Certificate
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE: (List chronologically, beginning with present employment)

Company Name/Location _____
From _____ To _____ Title _____
Duties _____

Company Name/Location _____
From _____ To _____ Title _____
Duties _____

Company Name/Location _____
From _____ To _____ Title _____
Duties _____

Signature _____ Date _____