

**Personal Resume Form**

TO BE COMPLETED BY EACH PRINCIPAL INVOLVED IN THE LOAN. PLEASE MAKE COPIES AS NEEDED FOR EACH INDIVIDUAL.

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

Date of birth \_\_\_\_\_ Place of birth (City and State) \_\_\_\_\_

Gender  Male  Female Race \_\_\_\_\_ Social Security No. \_\_\_\_\_

U.S. Citizen  Yes  No If not, please provide alien registration number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Immediate past address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Are you employed by the U.S. Government?  Yes  No If so, give the name of the agency and position \_\_\_\_\_

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

Date of birth \_\_\_\_\_ Place of birth (City and State) \_\_\_\_\_ Race \_\_\_\_\_

U.S. Citizen  Yes  No If not, please provide alien registration number \_\_\_\_\_ Social Security No. \_\_\_\_\_

**Please answer the following Two (2) questions if you are an "Owner", or "Associate" or "Key Employee" of the Applicant and/or Operating Company "OC" only.**

**All parties listed below are considered "Owner(s)" of the Applicant or OC:**

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trust or (if the Applicant is owned by a trust).

**An "Associate" of a small business is:**

- a. An officer, director, owner of more than 20 percent of the equity, or **Key Employee** of the small business;
- b. Any entity in which one or more individuals referred to in (a) of this definition owns or controls at least 20 percent; and
- c. Any individual or entity in control of or controlled by the small business (except a Small Business Investment Company (SBIC) licensed by SBA).

**A "Key Employee" (of the Applicant or OC):** Any person hired by the business to manage day-to-day operations.

- (1) As an **Owner, Associate or Key Employee** the Applicant or the OC - Are you presently incarcerated, on probation, on parole, or presently subject to an indictment for a felony or any crime involving or relating to financial misconduct or a false statement? Yes No  
(All arrests and charges must be disclosed and explained on an attached sheet)
- (2) If you have **50% or more** ownership in the Applicant or OC, are you delinquent more than 60 days under the terms of any administrative order; court order; or repayment agreement requiring payment of child support? Yes No N/A  
If yes, to any of the above, furnish details in a separate exhibit.

**Military service background**

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

Rank at discharge \_\_\_\_\_ Honorable? \_\_\_\_\_

Job description \_\_\_\_\_

**Work experience**

Name \_\_\_\_\_

*List chronologically, beginning with present employment*

Name of company \_\_\_\_\_ % of business owned \_\_\_\_\_

Full address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_ Duties \_\_\_\_\_

Name of company \_\_\_\_\_ % of business owned \_\_\_\_\_

Full address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_ Duties \_\_\_\_\_

Name of company \_\_\_\_\_ % of business owned \_\_\_\_\_

Full address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_ Duties \_\_\_\_\_

**Education (College or Technical Training)**

Name and Location	Dates Attended	Major	Degree or Certificate
1. _____	_____	_____	_____
Comments _____			
2. _____	_____	_____	_____
Comments _____			
3. _____	_____	_____	_____
Comments _____			
4. _____	_____	_____	_____
Comments _____			

Signature \_\_\_\_\_

Date \_\_\_\_\_