lesu	me of Experience for	Date
		(Name of Owner or Key Employee)
vho i	S(Position)	of the firm(Name of Company)
. Р	ersonal Information:	(Name of Company)
Α	. Date of Birth	B. Social Security #
C	. Place of Birth	D. Phone Number ()
E	. Address (include county)	D. Priorie Number ()
F	. If married, name of spouse	G. Spouse's Social Security #
. Е	ducation:	
Α	. High School	
В	. College	
С	. Trade School	
		· .
	xperience with Company:	
Α.	December 21th	B. Starting Position
C.	. Present position and responsibilities	
D.	Percentage of ownership (if applicable)	%
. Pa	ast Experience in Field:	
Α.	Name, Address & Dates of Prior Employment	B. Responsibilities
	1,	
	2	
	3	3