

SMALL BUSINESS ADMINISTRATION

RESUME OF EXPERIENCE

Date _____

Resume of Experience for _____
(Name of Owner or Key Employee)

who is _____, of the firm _____
(Position) (Name of Company)

1. Personal Information:

A. Date of Birth _____ B. Social Security # _____

C. Place of Birth _____ C. Phone Number () _____

E. Address (including country) _____

F. Name of Spouse _____ G. Social Security # _____

2. Education:

A. High School _____ Year _____

B. College _____ Year _____

C. Trade School _____ Year _____

3. Experience with Company:

A. Starting Date _____ B. Starting Position _____

C. Present Position and Responsibilities _____

D. Percentage of Ownership (if applicable) _____ %

4. Past Experience in Field:

A. Name, Address & Dates of Prior Employment B. Responsibilities

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

5. Personal References (including name, address, phone #, relationship)
