

Personal Data Sheet (Duplicate as Needed)

To be completed for each owner, partner, or shareholder and key management personnel.

Name: _____ SSN# _____

Date of Birth: _____ Place of Birth: _____ E-mail: _____

Residence Telephone: () _____ Business Telephone: () _____

Residence Address: _____ from: _____ to: Present _____

Previous Address: _____ from: _____ to: _____

- 1) Are you employed by the U.S. Government? _____ Yes _____ No
Agency/Position: _____
- 2) Are you a U.S. Citizen? _____ Yes _____ No
If No, Alien Registration number: _____
- 3) Are you presently under indictment, on parole or probation? _____ Yes _____ No
- 4) Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation? _____ Yes _____ No
- 5) Have you ever been convicted of any criminal offense other than a minor motor vehicle violation? _____ Yes _____ No
- 6) Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? (If yes, Attach explanation) _____ Yes _____ No
- 7) Are you or your business involved in any pending lawsuits? (If yes, Attach explanation) _____ Yes _____ No
- 8) Any previous Government Financing? _____ Yes _____ No

Name of Agency: _____ Original Date: _____ Original Amount: _____

Balance: _____ Status: _____ Collateral: _____

Military Service Background

Branch of Service: _____ Dates of Service: _____

Ethnicity

____ American Indian/Alaska Native ____ Asian ____ Black/African American
____ Pacific Islander ____ White/Caucasian ____ Other _____

Business Information Business Name: _____ Ownership %: _____

How many jobs are currently at the business? _____ How many jobs will be created by the project? _____

Are you an exporter? ____ Yes ____ No Export sales amount project loan will support? _____

Work Experience (List chronologically, beginning with present employment. Attach separate exhibit if necessary.)

1) Company Name/Location: _____

From: _____ To: _____ Title: _____

Duties: _____

2) Company Name/Location: _____

From: _____ To: _____ Title: _____

Duties: _____

Education

College/Technical Training – Name /Location	Dates Attended	Major	Degree/Certificate
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Signature: _____ Date: _____