

# Management Profile

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

Name \_\_\_\_\_  
First Middle Last

Social Security Number \_\_\_\_\_

## Education

Name of Institution (college/technical training)	Dates Attended	Major	Degree/Certificate

## Military Service and Background

Are you a veteran?  No  Yes. If yes, what service dates? From \_\_\_\_\_ To \_\_\_\_\_

Branch \_\_\_\_\_ Honorable Discharge?  No  Yes

## Work Experience (start with most recent)

Note that if you prefer you may attach a current resume in lieu of completing this section.

Company Name/Location \_\_\_\_\_

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

Duties: \_\_\_\_\_

Company Name/Location \_\_\_\_\_

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

Duties: \_\_\_\_\_

Company Name/Location \_\_\_\_\_

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

Duties: \_\_\_\_\_

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<b>Business Affiliations</b>			
<b>(List all businesses which are totally or partially owned by you or your spouse)</b>			
Complete Legal Business Name	% Owned	# of Employees	Type of Business

<b>If you are buying the subject business please respond to the next 3 questions.</b>	
<b>(If not, please proceed to "Personal Declarations" below.)</b>	
Do you have direct industry experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many years?	
If yes, in what capacity? Please describe:	

<b>Personal Declarations</b>	
<b>(Answer each question &amp; attach a separate sheet with detailed explanation for any "yes" response to Questions 1-9)</b>	
1. Are you employed by the U.S. Government?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you involved in any claim or lawsuit?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are any of your federal, state or local taxes delinquent?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been involved in any bankruptcy or insolvency proceedings?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have any outstanding judgments?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever had property foreclosed upon or given title or deed in lieu of foreclosure?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever requested government financing before? (Includes: SBA, FHA, VA, Student Loans)...	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is this loan request under consideration at any other financial institution at this time?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you required to pay alimony or child support?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you answered "yes" to question #9 – what is the amount of your annual obligation?.....	\$            total per year
11. Are you currently delinquent with respect to any child support payments?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you a U.S. Citizen? (If no, please complete Immigration & Naturalization Authorization Form)...	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Signature</b>	<b>Date</b>
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**Additional Information Attached–Check Here**