

3.2 BUSINESS AND EMPLOYMENT EXPERIENCE

Instructions. Please fill out one of these forms 3.2 for each and every separate job you have held and each business you have owned. Please **make additional copies** as necessary.

Proposer's name: _____

Company name: _____

Company address: _____

City: _____ State: _____ Zip: _____ Telephone: () _____

Type of business (deputy registrar, retail grocery, etc.): _____

Company's products and services: _____

Indicate whether you were an owner, manager or supervisor, or employee of this company:

A. _____ OWNER: Form of ownership (sole proprietor, partner, etc.): _____

Federal Tax ID Number: _____

Percentage of business you owned: _____ Hours worked weekly: _____

Dates you operated this business. From: month _____ year _____ To: month _____ year _____

Was this business your primary source of support (from all sources)? Yes: _____ No: _____ Percentage: _____

B. _____ MANAGER OR SUPERVISOR: Job title: _____

Number of employees supervised: _____ Hours worked weekly: _____

Dates this position held: From: month _____ year _____ To: month _____ year _____

Management/supervisory duties: _____

C. _____ EMPLOYEE: Job title: _____

Hours worked weekly: _____ Job duties: _____

Dates of employment: From: month _____ year _____ To: month _____ year _____

Describe how and to what extent **you provided high quality customer service** at this position: _____

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

	NAME	CITY	STATE	ZIP CODE	DAYTIME PHONE
1.	_____	_____	_____	_____ () _____	_____
2.	_____	_____	_____	_____ () _____	_____
3.	_____	_____	_____	_____ () _____	_____