

Personal History Form

To be completed by each individual with more than 20% ownership in the company

MILITARY SERVICE BACKGROUND	
Branch	From to
Rank at Discharge	Honorable?
WORK EXPERIENCE (list chronologie	cally beginning with present employment. Please account for last 10 years)
Name of Company	% of Business Owned
Full Address (Street, City, State, Zip)	
Title	From to
Duties	
Name of Company	% of Business Owned
Full Address (Street, City, State, Zip)	·
Title	From to
Duties	·
Please list any other company you have ownership in and y	our ownership percentage in each
EDUCATION	
	Attended from to Degree
EDUCATION Name of School	Attended from to
EDUCATION Name of School Major	Attended from to
EDUCATION Name of School Major List any professional certifications AUTHORIZATION TO RELEASE INFORMATION I hereby authorize any financial corporations, insura Administration, employers, banks, etc., to release ar Business Finance at its request. I also authorize any	Attended from to
EDUCATION Name of School Major List any professional certifications AUTHORIZATION TO RELEASE INFORMATION I hereby authorize any financial corporations, insura Administration, employers, banks, etc., to release ar Business Finance at its request. I also authorize any I hereby certify that the enclosed information, include	Attended from to Degree nce companies, investors, credit bureaus, the U.S. Small Business y and/or all information on my records and/or accounts to Mountain West Sn information to be released by my original or photocopied signature. ing any attachments or exhibits provided here within or at a later date, is val