

**EMPLOYMENT AND BUSINESS AFFILIATION DISCLOSURE FORM**

I, \_\_\_\_\_ (Name) \_\_\_\_\_ (Business Address)

submit herewith the following information to the State Corporation Commission for its use, in connection with the application of:

\_\_\_\_\_ (Applicant Name)

**EMPLOYMENT RECORD\***  
(include employment for last seven years)

Dates		Name, Location, and Type of Business	Position Held and Duties Performed
From	To		

**\*Fully complete this schedule. You may also attach a résumé; however, it may not be substituted in place of this schedule.**

**BUSINESS AFFILIATIONS**

List all firms, companies, corporations, or other business organizations of which you are at present a director, officer, employee, partner, or owner.

Name and Location	Type of Business	Position Held

**CERTIFICATION**

I certify that to the best of my knowledge, information, and belief, the facts as stated in this form and any schedules attached are true.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature