

## BACKGROUND INFORMATION SHEET ATTACHMENT

Provide the following information for each authorized representative, officer, member, director, and partner:

Any section not completely filled out will be deemed **ADMINISTRATIVELY INCOMPLETE.**

This form may be copied as many times as necessary.

<b>Full Name</b> (First, Middle, Last)		<b>Other Names Used</b> (Maiden names, AKA, etc.)	
<b>Social Security Number</b> (xxx-xx-xxxx)*		<b>Date of Birth</b> (Month/Day/Year)	
<b>Residential Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone Number</b>
<b>Mailing Address</b> (if different from above)			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone Number</b>
<b>Email Address</b>			

List each CITY, STATE and ZIP CODE you have lived in within the past seven years if different from your current address.

City	State	Zip Code	From Mo/Yr	To Mo/Yr

\* The voluntary disclosure of your social security number is requested by the Arizona State Board for Charter Schools pursuant to its legislative authorization under A.R.S. § 15-182(E) in order to verify the information supplied in your charter application and to determine your qualifications to operate a charter school. No statute or other authority requires that you disclose your social security number for that purpose. Failure to disclose your social security number may, however, result in a denial of your charter application or amendment.

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If applicable, list the highest post-secondary institution attended. If no post-secondary degree was earned, then write N/A in "Institution Name".

<b>Institution Name</b>	<b>Dates Attended</b>	<b>Degree Earned</b>	<b>Major</b>

List the last FIVE YEARS of employment. Please include retirement or gaps in employment within the last five years.

<b>Company Name</b>		<b>Position Held</b>		
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone Number</b>
<b>Date Employed From:</b> (Month/Year)	<b>Date Employed To:</b> (Month/Year)		<b>Supervisor/Contact:</b>	

<b>Company Name</b>		<b>Position Held</b>		
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone Number</b>
<b>Date Employed From:</b> (Month/Year)	<b>Date Employed To:</b> (Month/Year)		<b>Supervisor/Contact:</b>	

<b>Company Name</b>		<b>Position Held</b>		
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone Number</b>
<b>Date Employed From:</b> (Month/Year)	<b>Date Employed To:</b> (Month/Year)		<b>Supervisor/Contact:</b>	